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**University of Southern Indiana**

**After Hours IT Support Service**

**REQUEST FOR PROPOSAL**

**Bid Number 24-13-10001-03180**

**Issue Date: 3-4-2024**

**Questions Due-Jeff Sponn (jsponn@usi.edu): 3-18-2024 11:00 AM CST**

**Answers Provided via Addendum by 3-21-2024**

**DUE DATE: 4-2-2024 2:00 PM CST**

**SECTION I: COMPANY INFORMATION, EXPERIENCE, IMPLEMENTATION, AND REFERENCES**

1. Introduction:

The University of Southern Indiana (USI) is seeking proposals from qualified vendors to provide after-hours IT support services. The purpose of this Request for Proposal (RFP) is to solicit competitive proposals to ensure the availability of timely and efficient IT support outside of our on-site staffed service desk hours.

1. Background:

USI operates in a dynamic environment where uninterrupted IT services are essential for our students, faculty, and staff. Regular staffing hours currently run from 7:30 AM to 4:30 PM CST, but the need for IT support remains critical outside of these hours as our users can require assistance late at night or early morning. Therefore, USI must offer after-hours IT support to ensure that our users receive timely assistance and maintain productivity, regardless of the time of day.

1. Scope of Work:

The selected vendor will be responsible for providing comprehensive after-hours IT support services. The scope of work includes, but is not limited to, the following:

* 1. Remote assistance for troubleshooting and resolving IT issues.
  2. Availability for urgent IT support requests.
  3. Incident management and escalation procedures.
  4. Software and hardware troubleshooting and support.
  5. Network troubleshooting and support.
  6. Documentation and reporting of after-hours IT activities.
  7. Student and faculty troubleshooting support within the LMS (Blackboard).
  8. Ability to perform password resets and other access management requests.
  9. Assist students with navigating Microsoft suite including how to download and install student provided licensing.
  10. (Preferred) Ability to integrate with our service desk ticketing system (TeamDynamix).

1. Please provide company information:

|  |  |  |
| --- | --- | --- |
| A | Legal name of company |  |
| B | Operating name of company |  |
| C | Headquarters’ street address, city, state, zip code |  |
| D | Mailing address, city, state, zip code (if different from headquarters’ address) |  |
| E | Name of primary sales representative |  |
| F | Email of primary sale representative |  |
| G | Phone number of primary sales representative |  |
| H | Name of secondary sale representative |  |
| I | Email of secondary sales representative |  |
| J | Phone number of secondary sales representative |  |
| K | Year company established |  |
| L | Number of offices |  |
| M | Total number of employees |  |
| N | Total number of full-time customer service and/or technical support representatives |  |
| O | Total number of full-time training representatives |  |
| P | Average tenure of employees with company |  |

1. Has the company been involved in a merger or been acquired by another business entity in the past? If yes, please provide details including the year, name of business(es) involved, and how customer relationships were maintained throughout the transition.
2. Is the company currently for sale or involved in any transaction to expand through acquisition or merger, or to be acquired by another business entity? If yes, provide a statement explaining the impact both in organizational and directional terms.
3. Does any relationship exist, whether by relative, business associate, capital funding agreement or any other such kinship, between the company and any employee of University of Southern Indiana (USI)? If yes, provide a statement of disclosure. All such disclosures will be subject to administrative review and approval prior to entering any contract with USI.
4. Does the company agree that the submitted proposal contains accurate information, constitutes an offer to USI, and shall be valid for a period of 120 calendar days after the date of submission?
5. Please provide brief history of company (in 250 words or less).
6. Please provide primary strengths that differentiates the company from competition (in 250 words or less).
7. Please provide number of total customers using your afterhours IT services.
8. Please provide a listing of your current higher education customers.
9. How would your largest customer rate their satisfaction with your system and your support versus your smallest customer?
10. Please describe the process for onboarding a new client, including average length of time for completion.
11. Please describe the company’s recent experience with onboarding for a similarly sized (or larger) higher education institution.
12. Does the company have the time and the resources to onboard a new client within 90-120 days of the contract award?
13. Please provide details of Information Security framework standards. Are they verified by a certified external party (SOC 2 Type II, Penetration Testing, ISO Certified)? Outline any applicable regulatory compliance requirements your organization compiles with (HIPAA, GLBA, PCI, GDPR, FERPA). Has there been any identified or reported information security breach in the last 5 years?
14. Please provide a list of at least three organizational references, preferably other higher education institutions with programs of similar size and scope to USI.

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| --- | --- | --- |
| **A** | **Organization’s Name** |  |
|  | Headquarters’ street address, city, state, zip code |  |
|  | Mailing address, city, state, zip code (if different from physical address) |  |
|  | Name of primary contact |  |
|  | Email of primary contact |  |
|  | Phone number of primary contact |  |
|  | Customer since (date) |  |
|  | Approximate number of programs per year |  |
|  | Approximate number of participants served per year |  |

|  |  |  |
| --- | --- | --- |
| **B** | **Organization’s Name** |  |
|  | Headquarters’ street address, city, state, zip code |  |
|  | Mailing address, city, state, zip code (if different from physical address) |  |
|  | Name of primary contact |  |
|  | Email of primary contact |  |
|  | Phone number of primary contact |  |
|  | Customer since (date) |  |
|  | Approximate number of programs per year |  |
|  | Approximate number of participants served per year |  |

|  |  |  |
| --- | --- | --- |
| **C** | **Organization’s Name** |  |
|  | Headquarters’ street address, city, state, zip code |  |
|  | Mailing address, city, state, zip code (if different from physical address) |  |
|  | Name of primary contact |  |
|  | Email of primary contact |  |
|  | Phone number of primary contact |  |
|  | Customer since (date) |  |
|  | Approximate number of programs per year |  |
|  | Approximate number of participants served per year |  |

**SECTION II: Call Center Information**

1. Location of Call Center(s):

* How many call centers do you operate, and where are they located?

1. Language Proficiency of Technician:

* Please outline the languages spoken by your technical support staff.
* What is the proficiency level of your technicians in each language?
* Are there any limitations or specific languages you do not support?

1. Support Staffing:

* How many technicians are available for after-hour support in each call center?

1. Average Call Handling Times:

* How do you measure call times, and what factors contribute to variations in call duration?
* Are there any initiatives or strategies in place to optimize call handling times?

1. Customer Satisfaction Metrics:

* Can you provide data or reports on customer satisfaction levels?
* How do you measure customer satisfaction, and what is the methodology behind it?
* Are there any recent trends or changes in customer satisfaction that you can share?

**SECTION III: PRICING/FEE SCHEDULE**

1. Please indicate how fees are determined. Indicate if this is an annual fee, a fee per ticket, a per transaction fee.
2. Please indicate add-on service(s) and their fees to allow for additional review of optional offerings (if applicable).
3. Please indicate upgrade fees (if applicable).
4. Please indicate training fee schedule (if applicable).
5. Please indicate reporting/administrative applications fees (if applicable).
6. Please indicate any other fees associated with your service that are not stated here.
7. How often, on average over the past 5 years, has your pricing schedule changed? What was the average percentage increase/decrease?