Shaw University

Telephone, Data Network Video & Wireless Systems

Vendor Qualification Information

June 13, 2011
Shaw University

REQUEST FOR VENDOR QUALIFICATION INFORMATION

FOR: Telephone, Data Network, Video and Wireless Systems

Scope and Specifications of the Request

SCOPE: The intent of the Request is to expedite the vendor selection process and shorten the time to procure systems and equipment for Shaw University. This also serves to have only qualified vendors respond to the Request for Proposal.

Shaw University reserves the right to modify the Scope and Specifications as circumstances require, including but not limited to adding, changing, or deleting proposed locations.

INFORMATION SUBMITTED BY:

__________________________
(Company Name)

__________________________
(Address)

__________________________
(State/Zip Code)

__________________________
(Typed Name of Person Submitting the Information)

__________________________
(Phone #) (Fax #)

__________________________
(Date of Information Submission)
IMPORTANT DATES:

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vendor Qualification Request for Information</td>
<td>June 13th</td>
</tr>
<tr>
<td>Qualification Responses Due</td>
<td>June 20th</td>
</tr>
<tr>
<td>RFP to vendors</td>
<td>June 23rd</td>
</tr>
<tr>
<td>Pre-proposal Conference</td>
<td>June 27th</td>
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<tr>
<td>Responses Due</td>
<td>July 11th (4th?)</td>
</tr>
<tr>
<td>Demonstrations</td>
<td>Week of July 18th</td>
</tr>
<tr>
<td>Contract</td>
<td>end of July</td>
</tr>
<tr>
<td>Installed</td>
<td>End of October</td>
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- This is a tentative time-line to be verified with the issuance of the RFP. With the submission of the information, the vendor acknowledges acceptance of and compliance with this time-line, unless exceptions are noted.

SUBMITTAL REQUIREMENTS: One original and two copies for a total of three (3) complete sets of the Information shall be submitted on or before 12:00 PM EST, June 17, 2011. Send the information to the following address:

<table>
<thead>
<tr>
<th>One original for time/date stamp, and electronic copy</th>
<th>One (1) electronic copy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attn: Mr. Malcolm Weekes</td>
<td>Elert &amp; Associates</td>
</tr>
<tr>
<td>Interim Vice President for Fiscal Affairs</td>
<td>140 Third Street South</td>
</tr>
<tr>
<td>118 East South street</td>
<td>Stillwater, MN 55082</td>
</tr>
<tr>
<td>Raleigh, NC 27601</td>
<td>Attn: Tom Pavek</td>
</tr>
<tr>
<td><a href="mailto:mweekes@shawu.edu">mweekes@shawu.edu</a></td>
<td><a href="mailto:Tom.pavek@elert.com">Tom.pavek@elert.com</a></td>
</tr>
</tbody>
</table>

Signed only by persons authorized to enter into a contract with Shaw University;

_______________________________________________________________________
RESPONDENT’S SIGNATURE COMPANY NAME
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1 RESPONDENT AND SUBCONTRACTOR QUALIFICATIONS, SUPPORT CAPABILITIES, AND REFERENCES

1.01 Information about the Respondent
   A. Company name
   B. Legal name (if different)
   C. Years in business
   D. Number of years selling systems similar in size and complexity
   E. Contact person
   F. Full mailing address
   G. Telephone number
   H. Fax number
   I. E-mail address
   J. Name and phone number of bonding company
   K. Number of full-time employees
   L. Number of technical/installation personnel (minimum of four dedicated to this project)
   M. Names and titles of personnel who would be providing the training for the equipment in this project (attach listing of experience with similar projects)
   N. Name of person who would be project manager for this project (attach listing of experience with similar projects)
   O. Dunn and Bradstreet Number
      1. Respondent - ______________
      2. Voice Manufacturer - ______________
      3. Other Manufacturer - ______________

1.02 Qualification and Requirements
   A. If more than one (1) company is involved in the installation, training, and/or support after installation, there must be a Prime Contractor. This Prime Contractor assumes responsibility for all other entities involved.

   List Prime Contractor here: ____________________________
B. The response shall include a statement from all involved Respondents agreeing that the configuration shall work as specified and that all Respondents shall work under the Prime Contractor to resolve any configuration or interoperability problems during the installation process at no additional cost to the University. Write statement below.

__________________________________________________
__________________________________________________
__________________________________________________

1.03 Experience and Existing Customers – How many similar systems has the Respondent sold/installed?
A. In the area: _______
B. Statewide: _______
C. Nationwide: _______

1.04 Telephone System – All prospective Respondents must provide a minimum of three installation and three maintenance references using the reference format provided below. The references must be similar in scope and size to the University’s project and must demonstrate the following:
A. At minimum, one of the three references must have at least 700 telephones deployed in a multi building, campus environment. Preference will be given to vendors who have experience integrating VoIP, Video and CISCO Network in a Higher Education Campus and Multi-location Statewide application.
B. References must demonstrate that the Respondent has extensive knowledge of all equipment proposed and has at least one (1) year of experience with the same system(s) in the same environment.
C. **References shall be contacted – please verify information before submitting.** Use the format below for all references. All references shall be called. Please inform your contacts that a 10 to 15 minute call may be anticipated.

Reference Format:

- **Organization Name** ____________________________
- **Address** ______________________________________
  ____________________________
- **Type of Business** ______________________________
- **Contact Person** ________________________________
- **Telephone Number** ______________________________
- **Fax Number** ____________________________________
- **Dates of Installation** ____________________________
- **Description of System** __________________________
- **Number of Lines/Ports/Jacks** ______________________
- **Number of Networked Locations** __________________

D. **Vendor Partners – It is our preference to have one Vendor responsible provide all IP Voice, Video, CISCO network solutions. Multiple vendors may partner to provide a comprehensive solution, provided one vendor has over all responsibility.**

1. The applicable terms and provisions of the contract documents shall bind every Vendor Partner or subcontractor. Further information about Vendor Partners may be requested prior to award.

2. Identify all partners used for any purposes. Failure to disclose subcontractors/partners may lead to disqualification. Include separate sheet(s) labeled “Subcontractors/Partners,” if necessary.

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Years Experience</th>
<th>Type of Work</th>
<th>Percent of Project</th>
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E. References for Subcontractors/Partners – Include below three (3) references for EACH subcontractor. (Duplicate this page if needed for multiple subcontractors.) Again, preference shall be given to Respondents with references for implementations at organizations most similar to the client.

Subcontractor References shall be contacted – please verify information before submitting. Utilize the format below for all subcontractor references. All references shall be called. Please inform your contacts that a 10 to 15 minute call may be anticipated.

Subcontractor Reference Format
Organization Name _______________________________
Address ________________________________________
________________________________________________
Type of Business __________________________________
Contact Person ____________________________________
Telephone Number _________________________________
Fax Number _______________________________________
Dates of Installation _______________________________
Description of System ______________________________
Number of Lines/Ports/Jacks _________________________
Number of Networked Locations _____________________

1.05 Telephones Service after Installation
A. How many service personnel trained in maintaining the proposed systems does Respondent employ in the University’s area? Please indicate location closest to the University.
   1. Trained Service Personnel: __________
   2. Location: ______________
   3. Ratio of Installed Lines to Certified Techs: __________
B. Provide the address of Respondent’s service center(s) closest to the University:
   1. Company ______________________________________
   2. Address _______________________________________
   3. Telephone Number ______________________________
C. Who shall maintain parts inventory? At what location?
   1. Company ______________________________________
2. Address ________________________________
3. Telephone Number ________________________________
4. What critical component parts are kept in stock at this location?

1.06 Below, please acknowledge receipt of any addenda with the number and date on the addendum document:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

1.07 Financial statements – Upon request, financial statements from the Respondent, Manufacturer, and subcontractor(s) inclusive of cash flow sheet, income sheet, balance sheet, and asset liability statement for the last three (3) years shall be provided.
2 PROJECT AND MAINTENANCE TEAM

2.01 Provide names, titles, resumes, and training certificates of installation project team members.

2.02 Provide names, job titles, and training certificates of service personnel who shall be assigned to the University after installation.