



RFP #P11092
Required Proposal Response Attachments A - G

Attachment A – Proposal Cover Sheet

Attachment B – Proposal Form

Attachment C*– Service Plan

Attachment D* – Level of Expertise Document

Attachment E*– Risk Assessment Plan

Attachment F*– Value Assessment Plan

Attachment G – Cost Proposal Form

** Indicates that the entire Attachment must be anonymous. These Attachments must NOT contain any names (company, personnel, project, product, etc.) that can be used to identify the Offeror.*

ATTACHMENT A – PROPOSAL COVER SHEET

Component (select all that apply)	<input type="checkbox"/> Inmate Phone/Tablet	<input type="checkbox"/> Video Visitation	<input type="checkbox"/> Visitation Administration
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Are you serving as a fiscal agent on behalf of another organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please include the organization's name and contact information:

Contact Information – Individual that can contractually obligate the Offeror

Name	
Title	
Email	
Telephone	
Fax	
Address	

Contact Information – Individual that can be contacted for clarification of this proposal

Name	
Title	
Email	
Telephone	
Fax	

Organization Legal Status: Nonprofit Religious Organization Private Non-Profit (501)(c)(3)

Public Agency/Governmental Entity/School/Tribal

ADDENDA ACKNOWLEDGEMENT

Offeror acknowledges receipt of the following addenda, and has incorporated the requirements of such addenda into the proposal (*List all addenda dates issued for this RFP and initial*):

No.	Date/Initials	No.	Date/Initials
No.	Date/Initials	No.	Date/Initials

ADMINISTRATIVE INFORMATION (information can be submitted on additional pages if needed)

A. FIRM:

1. Name of Contracting Party:
2. Physical Address:
3. Mailing Address Including Zip Code:
4. Remit To Address Including Zip Code:
5. Telephone Number Including Area Code:
6. Fax Number Including Area Code:
7. E-Mail Address for Business Correspondence:
8. Federal Tax Identification Number:
9. Washington State UBI Number if Issued:
10. State Industrial Account Identification Number if Issued:
11. Following is a listing of all engagements the company has undertaken in the last five years which have resulted in:
 - a) Arbitration or litigation and the disposition of the cases.
 - b) Claims being filed by the Federal Government or the Washington State Departments of L & I, Employment Security or Revenue.
 - c) Liens filed by suppliers or subcontractors. List with whom, for what, and amount.
12. Years Firm has been in existence:
13. Years Firm has been providing services:

B. INSURANCE COMPANY:

1. Name of Company:
2. Mailing Address Including Zip Code:
3. Insurance Agent Name:
4. Insurance Agent Telephone Number Including Area Code:
5. Insurance Agent Fax Number Including Area Code:

C. FINANCIAL AND ACCOUNTING SERVICES COMPANY:

1. Name of Company:
2. Mailing Address Including Zip Code:
3. Accountant Name:
4. Accountant Telephone Number Including Area Code:
5. Accounting Firm Fax number Including Area Code:

D. LEGAL SERVICES FIRM:

1. Name of Firm:
2. Firm Mailing Address Including Zip Code:
3. Attorney Name:
4. Firm Telephone Number Including Area Code:
5. Firm Fax Number Including Area Code:

AUTHORSHIP

Applicants must identify any assistance provided by agencies or individuals outside the proposer's own organization in preparing the proposal. No contingent fees for such assistance will be allowed to be paid under any contract resulting from this RFP. All proposals submitted become the property of Spokane County. It is understood and agreed that the prospective Contractor claims no proprietary rights to the ideas and written materials contained in or attached to the proposal submitted.

Did outside individuals/agencies assist with preparation of this RFP? YES NO

If "Yes", please describe:

SIGNATURE

This proposal must be signed by the person authorized to contractually obligate the organization. As the authorized representative, I assure Spokane County that we have reviewed the Scope of Work and by accepting this award, we agree to comply with all elements of the Scope of Work, and to comply with the terms of the negotiated contract that arises from the award.

I understand that compliance with these assurances throughout the period of the project is a term and condition of the award and failure to comply with them may result in sanctions including termination of the award.

Signature of Authorized Representative

Date

Printed name of Authorized Representative

ATTACHMENT B – PROPOSAL FORM

CRITICAL TEAM MEMBERS

Name of Senior Management	
Name of Project Manager	
Name of Subject Matter Expert	
Name of IT Expert	

CERTIFICATIONS

No	Criteria	Response*
1	The Offeror has read the entire RFP and clearly understands the intent of the scope.	True / False
2	The Offeror is presently engaged in the business of providing the services & work required in this RFP.	True / False
3	The Offeror accepts the County Terms and Conditions as Stated in this RFP (including the sample agreement).	True / False
4	The Offeror certifies that it has adequate staff and resources to fulfill the requirements of the RFP and any potential contract in relation thereof.	True / False
5	The Offeror certifies that all services provided under this contract by the contractor and all subcontractors shall be performed in the United States.	True / False
6	All the terms and conditions in our proposal including prices, will remain in effect for a minimum of 90 days after the proposal submittal due date and time and further it is understood that a proposal that specifies an expiration in less than 90 days will be considered non-responsive and will be rejected	True / False
7	The Offeror certifies that there are no grounds for a conflict of interest with any members of the County.	True / False
8	The Offeror certifies that they are licensed to do business in Washington.	True / False
9	The Offeror certifies that they do not have any governmental or regulatory action against their organization that might have a bearing on their ability to provide services to the County.	True / False
10	Offeror agrees to not restrict the rights of the County.	True / False
11	No officer or employee of the County, having the power or duty to perform an official act or action related to this submittal, shall have or acquire any interest in this submittal, or have solicited, accepted or granted a present or future gift, favor, service, or other thing of value from or to any person involved in this submittal	True / False
12	We understand that Spokane County can terminate the project at any point. The Contractor shall neither have nor assert any claim for, nor be entitled to any additional compensation for damages or for loss of anticipated profits on work that is eliminated and that the County would make reimbursement for satisfactory work completed	True / False
13	We understand that Spokane County will not reimburse us for any costs incurred in the preparation of this Proposal. All proposals become the property of Spokane County, and we claim no proprietary right to the ideas, writings, items or samples unless so stated in the Proposal. Submission of the attached Proposal constitutes agreement to abide by the procedures described in the RFP document	True / False

14	We understand that any Agreement awarded as a result of the Proposal will incorporate the RFP requirements of Spokane County, and agreement terms appearing in the RFP. Submission of a response and execution of this Certifications and Assurances document certify the respondent's willingness to comply with these or substantially similar terms if selected as a Contractor. It is further understood that under no circumstances will a respondent-submitted contract/agreement be considered as a replacement for the terms and conditions appearing in RFP	True / False
15	In submitting this Proposal that we have read and understand the proposal documents, that we have visited the site and/or have otherwise familiarized our self with the local conditions under which the work is to be performed, that by signature of this proposal we are acknowledging all requirements and signed all certificates contained herein. and that no allowance will be sought after proposals are received for oversight, omission, error, or by our mistake	True / False
16	In submitting the submittal to do the work or furnish goods and services as outlined in the Contract Specifications, I hereby certify that we have not been debarred, suspended, ineligible for, or otherwise excluded from participation in Federal Assistance programs under Executive Order 12549, Title 31 U.S. Code 6101 Note, Executive Order 12549, Executive Order 12689, Title 48 Codified Federal Regulation 9.404, "Debarment and Suspension". Further I certify that this Firm will not contract with a subcontractor that is likewise debarred, suspended, ineligible for, or otherwise excluded, as referenced in the foregoing Executive Orders, U.S. Codes and Codified Federal Regulations	True / False
17	In submitting this response as outlined in the specifications, I hereby certify that we have not been debarred, suspended or in any way are excluded from procurement actions by any State or Local governmental agency. We fully understand that, if information contrary to this certification subsequently becomes available, such evidence may be grounds for non-award or nullification of the Contract	True / False
18	Pricing data, when called for, have been determined independently, without consultation, communication or agreement with others for the purpose of restricting competition	True / False
19	We represent and warrant that if any products are furnished they will have been designed and manufactured to meet Federal and Washington State safety and health regulations that will be in effect at the time of their shipment to the County. We further agree to indemnify and hold harmless the County from all damages assessed against the County as a result of the failure of the items furnished under this Agreement to so comply.	True / False
20	In accordance with Chapter 42.23 RCW respondents must disclose any and all personal relatives, or any relatives of the respondent's employees or subcontractors, who are presently employed by Spokane County, or who stand to realize any financial gain, or beneficial interest, if a contract is awarded to the respondent or any subcontractor of the respondent for the work of this request for proposals. The respondent certifies below that there are no persons, meeting the criteria above, have any beneficial interest in the work of this request for proposals. If False, list the name of the person, organization and relationship and interest. (Add additional pages if necessary).	True / False
21	The offeror certifies their company has at least five years' experience providing services similar to the services described in this RFP	True / False
22	The offeror certifies they have the ability to contract with Spokane County for service delivery.	True / False
23	The Offeror is in agreement to provide services in accordance with 45 CFR and HIPAA, parts 160 and 164, and any applicable Revised Code of Washington (RCW) and Washington Administrative Code (WAC).	True / False
24	The Offeror certifies they have the ability to maintain records consistent with applicable RCWs and WACs.	True / False

25	The Offeror certifies they have the ability to participate in regional data collaboration (within federal requirements like HIPPA) such as, but not limited to, Offerors internal system(s), County & City Criminal Justice Systems, etc..	True / False
26	In addition to the foregoing certifications and assurances I certify that to the best of my knowledge and belief the information contained in this proposal is accurate and complete and that I have the legal authority to commit this agency to a contractual agreement. I realize the final funding for any service is based upon annual budget amounts approved by the Spokane County Board of County Commissioners.	True / False

**Failure to answer, or answering "False" may be grounds for disqualification. Please attach additional information on any subject where the Offeror responded "False" to a question above.*

FEDERAL REQUIREMENTS– Offeror is to identify all known federal requirements that apply to the proposal, the evaluation or the contract in the space provided below.

CONFLICT OF INTEREST STATEMENT (MARK ONE)

One of the boxes below must be checked (by marking an "X"). If the second box is marked, indicating a possible conflict of interest, disclose the nature and full details of the conflict in the space provided.

	Neither the firm nor any individual proposed (including subcontractors or joint ventures) has a possible conflict of interest.
	The firm and/or an individual proposed (including subcontractors or joint ventures) has a possible conflict of interest. Describe the nature of the conflict in the space below.

SUBCONTRACTORS

For each proposed subcontractor, in the box below, describe the relationship between the offeror and any proposed subcontractor(s). Add more text boxes as necessary. (RFP 8.6)

Each proposed subcontractor must submit in a separate attachment a written statement, signed by a duly authorized representative that clearly verifies that the subcontractor is committed to render the services required by the contract. Please attach subcontractors' written statements behind Attachment A.

Subcontractor:

JOINT VENTURES

If submitting a proposal as a joint venture, describe in the box below, the relationship between the offeror and any joint venture. Add more text boxes as necessary. (RFP 8.7)

The offeror must submit a copy of the joint venture agreement which identifies the principals involved, prime offeror, their rights and responsibilities regarding performance and payment, and provide proof of Alaska business license for each principle. Please attach joint venture agreements behind Attachment A.

Joint Venture:

Terminations for Default

Submit full details of all terminations for default or litigations during the past five years, including the other party's name, address, and telephone number. Your response may take as many pages as needed to fully answer this question.

Termination for default is defined as notice to stop performance due to the Offeror's non-performance or poor performance, and the issue was either (a) not litigated; or (b) litigated and such litigation determined the Offeror to be in default. Present the Offeror's position on the matter.

The County will evaluate the facts and may, at its sole discretion, reject the Offeror's response if subsequent contract completion may be jeopardized by selection of the Offeror. If no such terminations for default or litigations have been experienced by the Offeror in the past five years, declare so in writing and attach behind Attachment A.

ATTACHMENT C – SERVICE PLAN (Approach)

Do not list any information that can be used to identify the Offeror.

(2 Pages Maximum)

The Service Plan – Approach is a brief chronological roadmap that describes, in major activities and tasks, how the Offeror will meet the County’s expectations as set forth in this RFP. This should be a concise synopsis of your process and approach that will be taken to initiate, plan, execute, and monitor and control identified services within the facility. Do NOT include any identifying information in the Service Plan. These instructions and the example below may be deleted from this form.

ATTACHMENT C – SERVICE PLAN (Assumptions) **(2 Pages Maximum)**

The Service Plan – Assumptions is a brief summary of the major assumptions that have been made in preparing the proposal. This should include items/tasks that the Offeror has assumed the County will perform, items/tasks required from the County, and items/tasks that have not been included in the proposal (items that the Offeror feels are outside the scope of work). Do NOT include any identifying information in the Service Plan. These instructions and the example below may be deleted from this form.

ATTACHMENT C – SERVICE PLAN (Roles, Responsibilities & Expectations) (2 Pages Maximum)

The Service Plan – Roles, Responsibilities & Expectations is a brief summary of the expectations and responsibilities that the Offeror has of the County or County personnel. Do NOT include any identifying information in the Service Plan. These instructions and the example below may be deleted from this form.

ATTACHMENT D – LEVEL OF EXPERTISE

The Level of Expertise should identify the Offeror’s **capability to meet the project’s requirements** with a plan that meets time and cost goals. The capability claims should be prioritized (list the most important claims first). The Offeror may add or delete Level of Expertise Claim table templates, but **do not exceed the two-page limit for this section**. Do NOT include any identifying information in your Level of Expertise Plan. Information listed under the “Documented Performance” line may describe where the Offeror has used the approach or solution previously, and what the results were in terms of verifiable metrics. These instructions and the example below may be deleted from this form.

Example:

Level of Expertise Claim: *We have a significant amount of experience in this type of projects, and consistently deliver high performance*
Documented Performance: *We have completed 45 similar projects in the past 5 years, with 0.5% cost deviation, and 2% schedule deviation. The average customer satisfaction rating on these projects was 9.8 out of 10*

Level of Expertise #1 Claim: _____

Documented Performance: _____

Level of Expertise #2 Claim: _____

Documented Performance: _____

Level of Expertise #3 Claim: _____

Documented Performance: _____

Level of Expertise #4 Claim: _____

Documented Performance: _____

Level of Expertise #5 Claim: _____

Documented Performance: _____

Level of Expertise #6 Claim: _____

Documented Performance: _____

Level of Expertise #7 Claim: _____

Documented Performance: _____

ATTACHMENT E – RISK ASSESSMENT PLAN TEMPLATE

(Non-Controllable Risk)

The Risk Management Plan should address the risks that the Offeror **does NOT control**. The risks should be prioritized (list the greatest risks first). The Offeror may add or delete Risk table templates, but **do not exceed the two-page limit for this section**. Do NOT include any identifying information in the Risk Management Plan. Information listed under the “Documented Performance” line may describe where the Offeror has used the approach or solution previously, and what the results were in terms of verifiable metrics. These instructions and the example below may be deleted from this form.

Example:

Risk Description:	<i>Risk that is not identified by client professional, competing vendors, or expert Offeror will be identified and solved within three days maximum (unless more time is justified and requested)</i>
Risk Impact / Why is this a risk:	<i>Unforeseen circumstances / risks may cause a deviation to our planned baseline expectation.</i>
Solution:	<i>Once we are notified of a change, we will take the following action: 1. Offeror shall immediately notify the designer and the County the same day as discovery of potential cost and time impact 2. Offeror shall find best possible options to minimize risk, with accompanying cost and time</i>
Documented Performance:	<i>Offeror shall propose the best solution with justification and present to the County representative We use this approach as part of every project we complete. We have had to use the approach 15 times over the past 3 years. Our solution resulted in less than 1% change orders, and 100% of the clients on these 15 projects rated our performance 10 out of 10</i>

Risk #1 Description:	_____
Risk Impact / Why is this a risk:	_____
Solution:	_____
Documented Performance:	_____

Risk #2 Description:	_____
Risk Impact/Why is this a risk:	_____
Solution:	_____
Documented Performance:	_____

ATTACHMENT E – RISK ASSESSMENT PLAN TEMPLATE (Controllable Risk)

The Risk Management Plan should address the risks that the Offeror **does control**. The risks should be prioritized (list the greatest risks first). The Offeror may add or delete Risk table templates, but **do not exceed the two-page limit for this section**. Do NOT include any identifying information in the Risk Management Plan. Information listed under the “Documented Performance” line may describe where the Offeror has used the approach or solution previously, and what the results were in terms of verifiable metrics. These instructions may be deleted from this form.

Risk #1 Description: _____

Risk Impact / Why is this a risk: _____

Solution: _____

Documented Performance: _____

Risk #2 Description: _____

Risk Impact/Why is this a risk: _____

Solution: _____

Documented Performance: _____

ATTACHMENT F – VALUE ASSESSMENT PLAN TEMPLATE

The Value-Added Plan should identify any **value-added options or ideas that may benefit the County**. The value-added claims should be prioritized (identify the most important claims first). The Offeror may add or delete Value Added Claim table templates, but **do not exceed the two-page limit for this section**. Do NOT include any identifying information in the Plan. Information listed under the “Documented Performance” line may describe where the Offeror has used the approach or solution previously, and what the results were in terms of verifiable metrics. These instructions and the example below may be deleted from this form.

Example:

Item Claim: *Reroofing this building will not stop all water leaks. The majority of the leaks are caused by cracks in the parapet walls, broken/missing glass, and poor caulking*

How will this add value? _____
Documented Performance: *This approach in 8 similar projects has worked 100% of the time in stopping all leaks*

Cost Impact (%): 0.75% **Schedule Impact (%):** 0.25%

Item #1 Claim: _____

How will this add value? _____
Documented Performance: _____

Cost Impact (%): _____ **Schedule Impact (%):** _____

Item #2 Claim: _____

How will this add value? _____
Documented Performance: _____

Cost Impact (%): _____ **Schedule Impact (%):** _____

Item #3 Claim: _____

How will this add value? _____
Documented Performance: _____

Cost Impact (%): _____ **Schedule Impact (%):** _____

Item #4 Claim: _____

How will this add value? _____
Documented Performance: _____

Cost Impact (%): _____ **Schedule Impact (%):** _____

Item #5 Claim: _____

How will this add value? _____
Documented Performance: _____

Cost Impact (%): _____ **Schedule Impact (%):** _____

ATTACHMENT G – COST PROPOSAL

SECTION 1 – COST PROPOSAL

Please provide the total cost covered by this proposal. These figures will be used for evaluation purposes only. Actual enrollment may go up or down, no minimum or maximum enrollment is guaranteed during the term of this contract.

1. Spokane County Detention Services seeks to drive the rates for inmate phones down, along with introducing new services such as tablets and video visitation that are reasonably priced. Therefore, we are interested in solutions which apply some or all potential commissions back into lowering rates for our inmates and their families. Please outline solution costs that demonstrate full commission vs., partial commission and no commission with reduced rates.
 - a. When quoting with commissions, Proposer shall state a proposed commission, which will be payable to Spokane County Detention Services in an amount based on monthly transaction volume. Such commission rate shall consist of two components: 1) a minimum dollar; and 2) a percentage of gross revenues commission rate. Both will remain fixed during the contract term unless otherwise negotiated. The monthly commission will be determined by applying the percentage rate to gross revenues with the provision that the amount will not be less than the guaranteed minimum.
2. Describe all proposed rates, fees, and County commissions. All proposed rates and fees must be fully compliant with all pertinent FCC/federal, state, and local regulations. The proposed commission payable shall be stated as a percentage of gross revenue for all calls placed on or through the Inmate Telephone System, with no fee additions beyond the maximum rates and fees specifically allowed by the FCC Order, state tariffs, and any other pertinent regulations. Failure to state commissions as a percentage of gross revenue, using only rates and fees that are compliant with all pertinent regulations, will cause Proposer's proposal to be deemed non-compliant and ineligible for contract award.

Spokane County reserves the right to award to one vendor for all three services or individually whatever is determined to be in the County's best interest.

Spokane County also reserves the right to seek clarification from vendors on all pricing supplied as part of your response.

Phone Rates and Commission Offer Form

Phone - No Commission					
		Surcharge or Connect Fee	First Minute Rate	Each Additional Minute Rate	Commission Percentage Offered
Collect	Local				N/A
	Intra LATA				N/A
	Inter LATA				N/A
	InterState				N/A
Direct Billed	Local				N/A
	Intra LATA				N/A
	Inter LATA				N/A
	InterState				N/A
Prepaid Collect	Local				N/A
	Intra LATA				N/A
	Inter LATA				N/A
	InterState				N/A
Advanced Pay	Local				N/A
	Intra LATA				N/A
	Inter LATA				N/A
	InterState				N/A
Debit	Local				N/A
	Intra LATA				N/A
	Inter LATA				N/A
	InterState				N/A

Phone - Half Commission					
		Surcharge or Connect Fee	First Minute Rate	Each Additional Minute Rate	Commission Percentage Offered
Collect	Local				
	Intra LATA				
	Inter LATA				
	InterState				
Direct Billed	Local				
	Intra LATA				
	Inter LATA				
	InterState				
Prepaid Collect	Local				
	Intra LATA				
	Inter LATA				
	InterState				

Advanced Pay	Local				
	Intra LATA				
	Inter LATA				
	InterState				
Debit	Local				
	Intra LATA				
	Inter LATA				
	InterState				
Guaranteed Monthly Commission Amount \$ _____					

Phone - Full Commission					
		Surcharge or Connect Fee	First Minute Rate	Each Additional Minute Rate	Commission Percentage Offered
Collect	Local				
	Intra LATA				
	Inter LATA				
	InterState				
Direct Billed	Local				
	Intra LATA				
	Inter LATA				
	InterState				
Prepaid Collect	Local				
	Intra LATA				
	Inter LATA				
	InterState				
Advanced Pay	Local				
	Intra LATA				
	Inter LATA				
	InterState				
Debit	Local				
	Intra LATA				
	Inter LATA				
	InterState				
Guaranteed Monthly Commission Amount \$ _____					

NOTE: Rates shown above are exclusive of Federal, State and Local Taxes and Regulatory Fees such as the Universal Service Fund. It is understood that these will be charged as a pass-through from the taxing/regulating agency to the called party and that no commission will be paid on these items.

Additional Phone Fees

Description	Fee Amount	Applicable to Collect, Prepaid Collect, Direct Billed and/or Debit
Prepaid Account Setup Fee		
Prepaid Account Funding Fee via Internet		
Prepaid Account Funding Fee via Telephone		
Prepaid Account closeout fee		
Refund Fee		
Account Maintenance Fee		
Inactive Account Fee		
Regulatory Cost Recovery Fee		
Bill Statement Fee		
Single Bill Fee		
Universal Service Fund Administrative Fee		
Other? Describe any other taxes, fees and costs that are not covered above		

Tablet Rate and Commission Offer Form

Spokane County does not currently employ an inmate tablet solution at our Detention Services facilities. Please outline all associated costs related to the services that can be offered via your solution below. Please also include all applicable fees as well as a full, half and no commission pricing structure with guaranteed commission amounts (if applicable).

Inmate Tablets		
Tablet Subscription Package	Monthly Cost	Notes
Package 1		
Package 2		
Package 3		
Package 4		
Please Outline All Additional Taxes, Fees and Costs (If Applicable):		
Please Outline Commissions Structure (If Applicable):		
<ul style="list-style-type: none"> • No Commission (with lower rates) • Half Commission (with lower rates) • Full Commission 		

Please Outline Tablet Wireless Network Setup Costs (Include Hardware, Software and Buildout costs):

Video Visitation Rate and Commission Offer Form

Spokane County does not currently employ an inmate tablet solution. Please outline all associated costs related to the services that can be offered via your solution below. Please be sure to include all applicable fees as well as a full, half and no commission pricing structure (if applicable) with guaranteed commission amounts.

Video Visitation		
Visitation Type	Visitation Cost	Notes
Onsite Friends and Family (20 min.)		
Onsite Friends and Family (40 min.)		
Onsite Attorney (20 min.)		
Onsite Attorney (40 min.)		
Remote Friends and Family (20 min.)		
Remote Friends and Family (40 min.)		
Remote Attorney (20 min.)		
Remote Attorney (40 min.)		
Please Outline All Additional Taxes, Fees and Costs (If Applicable):		

<p>Please Outline Commissions Structure (If Applicable):</p> <ul style="list-style-type: none"> • No Commission (with lower rates) • Half Commission (with lower rates) • Full Commission
<p>Please Outline Visitation Booth Setup Costs (Include Hardware, Software and Buildout costs):</p>

Visitation Administration Pricing Form

Detention Services currently uses a proven ‘visitation management’ desktop application that allows staff to pre-approve visitors, pre-schedule visits, and manage all aspects of inmate visits at either facility. The application was developed in-house, is heavily used, and is well liked. However, as Detention Services issues this RFP for a new inmate phone system, and possibly introduces remote visitation services, it may need to consider replacing its custom app. Therefore, please outline all associated costs related to your solution below.

Visitation Administration		
Category	Cost (One-Time or Annual?)	Notes
Subscription/Licensing		
Implementation		
Training		
Annual Maintenance & Support		

Hardware		
Please Outline All Additional Taxes, Fees and Costs (If Applicable):		

SECTION 2 – VALUE ADDED OPTIONS

Please include additional pricing for any value added options that are presented as a part of your proposal.

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