**ATTACHMENT B**

Response Form

Electronic Fillable Form Creation & Hosting Services

|  |  |
| --- | --- |
| **Company Name:** |  |
| **Contact Person:** |  |
| **Contact Email & Phone Number:** |  |
| **Name & Version of Proposed Solution:** |  |
| **If Contractor is planning to use subcontractors, identify the company names and roles.** |  |
| VENDOR BUSINESS CATEGORIES (CHECK ALL THAT APPLY):[ ]  A Minority- or Woman-Owned Business Enterprise (M/WBE) certified by the NYS Empire State Development Corporation[ ]  A Service-Disabled Veteran-Owned Business certified by the NYS Office of General Services |

**Instructions:**

Complete this Attachment B (Response Form) and submit together with Attachment B-1 (Solutions Requirement Matrix) and Attachment B-2 (Bid Page).

**MINIMUM QUALIFIATIONS**

The Proposer and its proposed Solution must meet the following Minimum Qualifications:

|  |
| --- |
| 1. **The Proposer must be the developer of the Solution or an authorized re-seller.**
 |
| The Proposer is (select one): [ ]  Developer of the Solution [ ]  Authorized re-seller |
| Additional Information (if necessary): | [Proposer Response] |
| 1. **The proposed Solution must be a cloud-based Software-as-a-Service (SaaS).**
 |
| The Solution is (select one ) [ ]  Cloud-based SaaS [ ]  Not Cloud-based SaaS |

**GENERAL RESPONSES**

|  |
| --- |
| 1. **Provide a general description of the proposed Solution. Indicate any functionality or features of the proposed Solution that are not part of the mandatory or preferred Solution requirements (see Attachment B-1).**
 |
|  |
| 1. **If implementation, configuration, or customization is required (as stated on Attachment B-1), briefly describe the efforts required to implement the Solution that fully meets OSC’s requirements. If no implementation is required, this response may be left blank.**
 |
|  |

|  |
| --- |
| 1. **Identify any discounts or favorable costs being offered to OSC on Attachment B-2 (Bid Page), if any.**
 |
|  |