

**Enterprise Resource Planning
Software & Services
Request for Proposal**

April 30, 2025



Inquiries:

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229-671-2407
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Proposals Due:
Monday, July 7, 2025

5:00PM EST

Section 1 INTRODUCTION

Lowndes County, GA is seeking proposals from vendors qualified to provide a comprehensive, **fully integrated**, public-sector Financial and Human Resource Software System. This Request for Proposal (RFP) requests submitters provide a written and electronic proposal that states the overall scope of products and services desired, specific software functionality, technology foundation as well as desired vendor qualifications. Before submitting a proposal, vendors shall examine the specifications in order to understand all existing conditions and limitations.

1.1 ANTICIPATED TIMELINE

Listed below are projected dates and times of actions related to this Request for Proposal (RFP). There may or may not be a formal notification issued for changes in the estimated dates and times.

SELECTION PROCESS	TIMEFRAME
RFP Issuance	04/30/2025
Deadline for Questions	05/30/2025
Vendor Proposals Due	07/07/2025
Notification of Demonstration Dates	07/18/2025
Demonstrations of Software	08/04/2025 – 08/15/2025
Selection of Vendor	08/28/2025

1.2 PROJECT GOALS AND BACKGROUND

Lowndes County has been using Eden from Tyler Technologies as our ERP for financial and human resources software. As Eden has a sunset date of March 1, 2027, the county is looking for a new ERP system to meet our financial and human resources software needs.

Lowndes County was created in 1825 by an act of the Legislature of the State of Georgia and is geographically located at the bottom center of the state, sharing a border with the State of Florida. Its land area encompasses approximately 511 square miles and serves a population of 118,251 as reported in the 2020 U.S. Census report. The County is empowered to levy a property tax on both real and personal properties located within its boundaries. The County provides a full range of services, including law enforcement; fire; corrections; the construction and maintenance of buildings, parks, streets, highways, bridges, stormwater drainage facilities, and other associated infrastructure; water and sewer; 911 emergency communications; emergency management; voter registration and elections; court systems; tax assessment and collection; building inspections; planning and zoning; engineering; code enforcement; licensing; animal control; and general administrative and support activities.

The Organization's Goals Include:

- Replace the current system with one that provides **fully integrated** solutions for all current processes along with new capabilities to increase productivity and stream-line efforts
- Increase customer, vendor, and employee service levels
- Implement Best Practices through process workflow review and re-design
- Implement features that allow for greater staff efficiency and return on effort
- Decentralize business processes where appropriate
- Select and implement a system that is intuitive and flexible to ensure high utilization
- Implement the selected solution without compromising ongoing operations
- Complete switchover of software before sunset date of existing software
- Deliver a system on time and within a firm-fixed price budget that will serve the Organization well for 10+ years

1.3 RESPONSE INSTRUCTIONS

The submitted proposal must follow the rules and format established within this RFP. Adherence to these rules will ensure a fair and objective analysis of all proposals. Each proposal will be prepared according to the required format described in Section 4 and be submitted before the Vendor Proposal Due date with six copies in paper form and one electronic copy. The electronic version of the proposal shall be included with the paper copies using an external flash drive or CD. Each Vendor shall be responsible for all costs incurred in order to prepare and submit their response to this RFP. To ensure a fair and objective evaluation of all proposals, vendors are required to submit all inquiries to the project contact noted on the cover of this RFP. Responses to the questions will be placed on the Georgia Registry website for all potential vendors to read.

DELIVERY OF PROPOSALS

RFPs must be delivered by the date and time specified on the cover of this RFP. It is the sole responsibility of the Vendor to see that their RFP is received in the proper time. Any proposal received after the proposal due date and time shall be eliminated from consideration and returned unopened to the vendor. The Lowndes County Board of Commissioner's assumes no responsibility for submittals received after the deadline or at any office or location other than that specified herein, whether due to mail delays, courier mistake, mishandling, or any other reason.

Sealed Proposals are due: Monday, July 7, 2025 5:00 PM (EST)

Sealed Proposals Should be Submitted to:

Lowndes County Board of Commissioners
Attn: Michele Rizer
327 North Ashley Street
1st Floor – Administration Building
Valdosta, GA 31601

BID COPIES FOR EVALUATION:

Six (6) copies in paper form and one (1) copy in electronic form (Flash Drive or CD)

ADDENDA:

Answers to questions submitted that materially change the conditions and specifications of this bid will be distributed to all addresses as an addendum. Any discussions or documents will be considered non-binding unless incorporated and distributed in an addendum. Bidders should check the Georgia Procurement Registry frequently during the bidding process to verify that they have received all issued addendums. While every attempt is made to make sure that registered bidders receive notice of addendums, bidders have the responsibility of making sure that they have received all issued addendums. Addenda are required to be signed and returned with the bid proposal. Announcement of award will be done upon evaluation of submitted bids and funding. Lowndes County reserves the right to reject any or all bids.

PARTIAL RESPONSE

The County feels strongly that it is in their best interest to select a **fully integrated** suite of applications from one vendor. Vendors submitting partial responses may still complete the RFP as fully as possible.

QUESTIONS AND COMMUNICATIONS

Vendors are hereby notified **not** to contact any member of the Evaluation Committee, or any member of the County staff and its' elected officials, except as provided herein regarding this proposal until such time as a contract has been awarded. Questions concerning any portion of this RFP shall be directed in writing (e-mail encouraged) to the below named individual who shall be the official point of contact for this RFP. All questions must be submitted prior to the Deadline for Questions as stated in the *Anticipated Timeline* above. Failure to adhere to this policy will result in disqualification.

Michele Rizer
HR Administrative Supervisor
Lowndes County Personnel Department
229-671-2407
Michele.Rizer@lowndescounty.com

Any questions and/or misunderstandings that may arise from this bid must be submitted in writing and forwarded to Michele Rizer at the above address or by email. It shall be the Bidders responsibility to seek clarification as early as possible prior to the due date and time. To maintain a "level playing field", and to assure that all bidders receive the same information, bidders are requested NOT to contact anyone other than the contact listed in this RFP until after the award of the contract. Doing so could result in disqualification of the proposer.

Final written questions are due by Friday, May 30, 2025 at 5:00 PM (EST).

Section 2 PROJECT SCOPE

A high-level outline of the expected system solution:

2.1 SOFTWARE

- General & Technical
- General Ledger/Chart of Accounts
- Budget Preparation and Budget Control
- Accounts Payable
- Accounts Receivable
- Purchasing
- Inventory
- Fixed/Capital Assets
- Bid Management
- Contract Management
- Project & Grant Accounting
- Cash Management
- Cashiering
- Bank Reconciliation
- Annual Comprehensive Financial Reporting (ACFR)
- Content Management
- Human Resources
- Payroll
- Position Control & Budgeting
- Employee Self Service
- Recruiting and Application Management
- Onboarding
- Time & Attendance
- Leave Management
- Advanced Scheduling
- Benefits Administration
- Worker's Compensation
- Property & Liability
- Employee Performance Management

2.2 SERVICES

- Project Management
- Software installation
- Data conversion
- Integration & interface development
- Training
- Ongoing support & maintenance services

2.3 DEMONSTRATIONS AND PRESENTATIONS

Vendors may be required to provide detailed demonstrations of proposed application software. Vendors may also be required to make presentations and/or provide written clarifications of their responses at the request of the County.

2.4 CONFIDENTIALITY

All information submitted as part of the vendor's proposal will be deemed confidential. Except as provided in the applicable public records law, there shall be no public disclosure of vendor proposals submitted in response to this RFP, including but not limited to disclosure to a competing vendor.

2.5 ORGANIZATION DEMOGRAPHICS AND STATISTICS

The following shows an estimated summary of key transaction and operating volumes.

TRANSACTION AND OPERATING VOLUMES	CURRENT
ORGANIZATION	
Lowndes County population	118,251
Lowndes County operating budget	\$175 M
Total number of software users	115
Number of primary financial system users	9
Number of primary human resource system users	5
Desktop Operating System	WIN 10 & 11
E-mail System	Microsoft Office 2019 - Outlook
Internet Browser(s)	Edge, Chrome
Current Database Host	Microsoft SQL Server

TRANSACTION AND OPERATING VOLUMES	CURRENT
GENERAL LEDGER	
Fiscal year starts	July 1
Number of funds	27 Active / 51 Total
Number of departments (Expense, Revenue, & Balance Sheet)	278 Total
PROJECT / GRANT ACCOUNTING	
Number of project accounts	Approx. 600
Number of grant accounts	Approx. 70
CAPITAL ASSETS	
Number of capital assets	Approx. 2,400
Fixed asset tagging capitalization threshold	\$7,500
PURCHASING	
Number of regular purchase orders (monthly)	Approx. 550
Number of purchasing/AP vendors (last 2 years)	Approx. 1,800
ACCOUNTS PAYABLE	
Number of accounts payable checks (monthly)	Approx. 550
Frequency of accounts payable check runs	Minimum of 2 each week
ACCOUNTS RECEIVABLE & GENERAL BILLING	
Number of Accounts Receivable invoices (monthly)	Approx. 120
HUMAN RESOURCES AND PAYROLL	
Number of full-time employees	Approx. 740
Number of part-time employees	46
Typical payroll frequency	Bi-Weekly
Special payroll frequency	As-Needed
Number of applications received in 2024	Approx. 2500
Position openings posted in 2024	Approx. 270
Lives on health insurance	Approx. 670
Auxiliary plan deductions bi-weekly	Approx. 1500
WORKER'S COMPENSATION	
Total claims for 2024	Approx. 74 claims

TRANSACTION AND OPERATING VOLUMES	CURRENT
PROPERTY AND LIABILITY	
Properties	Approx. 190
Vehicles and Trailers	Approx. 495
Equipment	Approx. 270
Unmanned Aircraft	Approx. 10

Section 3 EVALUATION CRITERIA

Evaluation of the proposals is expected to be completed within 60 days after bid closing. An evaluation team will evaluate proposals on a variety of quantitative and qualitative criteria. It is the County's intention to procure the most functionally capable, complete, and cost-effective solution from a growing, viable, and financially stable company that will meet both current and future needs. The lowest price proposal is only one criteria used in the selection process and will not necessarily be the basis for selection. Selected vendors may be invited to make oral presentations or product demonstrations to the evaluation team. The County reserves the right to reject any/all proposals or require modifications to initial proposals. The county further reserves the right to excuse technical defects in a proposal when, in its sole discretion, such excuse is beneficial to the county and the tax payers of Lowndes County. Inability to score as one of the top five vendors (Initial Proposal Evaluation) will eliminate the vendor from further consideration. Failure to include in the proposal all information outlined herein may be considered as non-responsive to the RFP and be considered cause for rejection of the proposal. Information gathered during interviews, negotiations, reference checks, or factors deemed relevant by the county, shall be utilized in the final award. The final award of a contract is subject to approval by Lowndes County Board of Commissioners.

3.1 PRICING ELIGIBILITY PERIOD

All Vendor proposals are required to be offered for a term not less than 180 calendar days in duration. A proposal may not be modified, withdrawn or cancelled by the vendor during the 180-day time period following the time and date designated for the receipt of proposals. All prices are assumed to be Best and Final.

3.2 INITIAL PROPOSAL EVALUATION

Initial Proposal Evaluation: The initial evaluation will be based strictly on the vendor's proposal response and be performed prior to any formal demonstrations, reference checking, and/or site visits. The vendors with the highest score (no more than five) will proceed through to additional evaluation.

3.3 FINALISTS EVALUATION

Finalists Evaluation: Further evaluation associated with the finalist vendors will be performed as follows:

- Conduct scripted vendor demonstrations
- Evaluate implementation and support approach
- Perform reference checks
- Conduct site visits at the discretion of the selection committee

Based upon the proposal response, product demonstrations, and reference checks, the finalist vendors will be evaluated against the following criteria:

15% Solution Summary and Corporate Overview

20% General Application Architecture, Security, and Hosting Solution

15% Implementation Services

15% On-going Support & Maintenance

20% Software Functional Requirements

5% Vendor References

10% Cost Proposal

100% Total

Section 4 **VENDOR PROPOSAL INSTRUCTIONS**

The proposal is to be organized into the following sections. Vendors that do not address each section listed below may be considered as nonresponsive bidders by the county.

PROPOSAL SUMMARY FORM

Section	Title
	Transmittal Letter
1	Solution Summary
2	Corporate Overview
3	General Application Architecture
4	Security
5	Hosting Solution
6	Implementation Services
7	On-going Support & Maintenance
8	Software Functional Requirements
9	Vendor References
10	Cost Proposal
11	Insurance Requirements
12	Proposal Signature Form

NOT RESPONSIBLE FOR COSTS

The county shall not be responsible for any cost incurred by a prospective vendor in responding to this request for proposal.

PUBLIC INFORMATION

All information contained in this proposal is public information, and as such will be handled in accordance with Georgia O.C.G.A. Title 50 Section 18.

QUESTIONS

Any questions about the request for proposal should be communicated according to the instructions in the request for proposal.

TRANSMITTAL LETTER

Please acknowledge that you have received, read, and understand all aspects of the RFP and any addendum that may have been released in conjunction with the RFP. Please provide contact information of those that are authorized to participate in contract negotiations on behalf of your company.

SOLUTION SUMMARY

(Section 1)

Please describe your solution and how it addresses the stated goals of the project. This should be limited to how your proposed solution will directly benefit the County and your unique value that you add. Please add more detail than the typical value proposition used in your marketing material – be specific for how the proposed solution will benefit Lowndes County.

CORPORATE OVERVIEW

(Section 2)

Vendors must provide information about their company so that the County can evaluate the Vendor’s stability and ability to support the commitments set forth in response to the RFP. The County, at its option, may require the Vendor to provide additional documentation to support and/or clarify requested information. The Vendor should outline the company’s background including a brief description (e.g., past history, present status, future plans, company size, etc.). The Vendor should also submit (attach) an Annual Report or audited financial information for the past two (2) completed fiscal years, which includes income statements, balance sheets, and statement of cash flows.

QUESTION	RESPONSE
1. Please state the year the vendor started in the business of selling public sector ERP system solutions?	
2. How many new public sector ERP contracts do you average annually?	
3. Please list and briefly describe any strategic partnerships you have.	
4. Please list total revenues in the previous four years:	
2024	
2023	

QUESTION	RESPONSE
2022	
2021	
5. How many total employees does the vendor have in each of the following categories:	
Sales & Marketing	
Research & Development	
Help Desk & Support Staff	
Application Development Staff	
Implementation Staff	
Other	
Total	
6. Specify the number of public sector vs. private sector clients.	
7. Indicate whether the business is publicly held or private.	
8. What percentage of revenues does this offered system represent to your company compared to your other products/services?	
9. Indicate if the company incurred an annual operating loss in the last 5 years.	
10. What is the current staff turnover rate for your company?	
11. What is the percentage of annual revenues reinvested into research & development?	
12. Are background checks performed on the company employees? Please describe.	

GENERAL APPLICATION ARCHITECTURE

(Section 3)

The Vendor is required to provide a general description of the application program product and how it will meet requirements of this RFP. Describe opportunities for making local customizations or development of interfaces without compromising the integrity of the base system. Also include in this description the following: content management capabilities and web-based e-Gov solutions (including what is available for employee, vendor, and customer access).

QUESTION	RESPONSE
1. Are all proposed applications owned and developed by your company? If not please list the modules, 3 rd party owners, or developers and describe their relationship with your company.	
2. Describe the application architecture of the proposed solution.	
3. Describe how proposed applications are integrated with each other, including how data entry and retrieval is minimized throughout the system.	
4. Describe all end-user device requirements. Include reference to supported platforms, required end-user software, and if there are any databases, operating systems, browsers, devices, or platforms that the solution cannot run on.	
5. Describe how the solution can be accessed from and optimized for mobile devices. Include any use of responsive design and/or native mobile apps.	
6. Describe the solutions integrated content management capabilities.	
7. How does the system integrate with office productivity applications such as Microsoft Word and Excel?	
8. Describe the ability to exchange data with third-party solutions using file-based imports and exports. Provide details on technical skills required to setup and	

QUESTION	RESPONSE
<p>manage interfaces and whether file integrations can be scheduled.</p>	
<p>9. Describe the ability to exchange data with third-party solutions using industry standard APIs. Provide details on included documentation.</p>	
<p>10. Describe how the system can be customized to extend and tailor functionality specific to an organization (e.g., customized field names, user-defined fields, customized screens) with limited technical expertise. How are customizations impacted by application upgrades?</p>	
<p>11. Describe application workflow capabilities. Provide details on the technical skills required to manage application workflow.</p>	
<p>12. Describe <u>integrated</u> reporting and analytic capabilities.</p>	
<p>13. Does the vendor provide a library of customizable reports?</p>	
<p>14. What reporting services and support does the vendor offer?</p>	
<p>15. Describe the ability to use third-party reporting tools with the solution.</p>	
<p>16. Describe the vendor’s licensing model and how scalability plays into this.</p>	
<p>17. Provide the systems uptime for the last 48 months.</p>	
<p>18. Does this software have a multi-tenant architecture? Please describe. If not, how many customers do you serve in a logical instance?</p>	

SECURITY**(Section 4)**

The Vendor is required to provide a response to the following questions concerning security and access controls.

QUESTION	RESPONSE
1. Does the solution support integration with identity providers for authentication? If so, which ones?	
2. Can the application provide access to users not in the organizations identity provider? If so, how is this accomplished?	
3. Describe how Lowndes County can define and control login policies, including password complexity, expiration, and multi-factor authentication.	
4. If the solution provides "self-service" applications (e.g., specific to employees, vendors, and customers), describe the account creation and/or registration process for those users.	
5. Describe the use of role-based security to manage application access?	
6. What monitoring and auditing capabilities are included with the solution?	
7. Describe how data is encrypted in-transit and at-rest to keep data secured.	
8. What are the vendor's data retention and destruction policies? Do you have the ability to follow the County's policies?	
9. How does the vendor manage data breaches and security incidents? Vendor should provide a copy of their Incident Response Plan (IRP).	
10. What cyber incident response plan does the vendor have in place?	
11. Does the vendor have an internal security policy? If yes, please provide a copy.	

QUESTION	RESPONSE
12. How would the County be notified of security incidents?	
13. How often does the vendor conduct risk management assessments?	
14. Briefly explain the processes related to penetration testing and identifying and addressing vulnerabilities in your software and host environment.	
15. Are your primary and 3 rd party applications patched regularly and rapidly?	
16. Is there an option to integrate the County's security tools with the vendor's solution?	
17. Provide a listing of any cybersecurity frameworks the vendor adheres to.	
18. Has the vendor had any past data/security breaches that have occurred across their entire enterprise or that dealt specifically with the ERP solution being proposed to Lowndes County? If so, briefly explain the incident and what steps were taken to mitigate the risk.	
19. Are there any capabilities in place to provide Lowndes County with periodic security compliance reports? If so, please describe.	
20. Describe in detail any additional security controls employed by the vendor and application.	

HOSTING SOLUTION

(Section 5)

The Vendor is required to provide a response to the following questions regarding their software hosting platform proposed for the County. Lowndes County can only be hosted in the Continental United States.

QUESTION	RESPONSE
1. Which options are offered from the following hosting solutions: On Premises (The County hosts in their own datacenter), Cloud Hosted by Vendor (The vendor hosts in their cloud environment), or Cloud Hosted by County (The county hosts in their cloud environment)?	
2. If cloud based, was your software ported from on-premise or was it designed specifically for the cloud?	
3. If cloud hosted by vendor, what cloud environment is used?	
4. What are the server requirements for your hosting platform? <ul style="list-style-type: none"> • Number of Servers • CPU/Memory/Disk Requirements • Operating System of Servers 	
5. What are the database requirements for your hosting platform? <ul style="list-style-type: none"> • Database platform being used • Number of database servers and instances needed • Can this share a database server with other applications or is it standalone on its own server 	
6. If cloud hosted by vendor, would we have full read-only access to the database?	
7. If cloud hosted by vendor, who owns the data in the environment?	

QUESTION	RESPONSE
8. What happens to our data in the event that we decide to stop using your software? Can you confirm that you will not retain or use our data in the event that we terminate services?	
9. If applicable, how many years has the vendor provided cloud solutions and how many clients are using the vendors cloud solutions today?	
10. What are the vendor's data backup and recovery processes? <ul style="list-style-type: none">• What RTO/RPO objectives are guaranteed?• Where are backups stored?	
11. What type of disaster recovery and business continuity practices are employed? Please provide a copy of your Disaster Recovery Plan (DRP).	
12. Are multiple application environments supported (e.g., production, train, test)?	
13. Describe how data is segregated between hosted clients.	
14. How often is the solution updated?	
15. Can individual clients control when new versions are applied or are updates applied to all clients at the same time as determined by the vendor?	
16. Can clients test a new version in a pre-production? If so, explain how this is possible.	
17. How long do clients have to test new versions before it's applied to production?	
18. Can clients refresh production data to non-production environments? If so, can this be accomplished by the client directly without vendor interaction?	

IMPLEMENTATION SERVICES**(Section 6)**

The Vendor is required to provide a response to the following questions regarding the implementation services proposed for the County.

QUESTION	RESPONSE
1. Please describe the vendor's implementation methodology.	
2. Does the vendor utilize third parties or subcontractors for implementation?	
3. How many PMP certified Project Managers does the vendor currently have on staff?	
4. How many new client Implementations did the vendor perform in the past three years?	
5. What level of guarantee does the vendor offer to ensure the quality of implementation services delivered?	
6. What is the expected length of time between contract execution and commencement of the implementation?	
7. How many data migrations will be facilitated in the project?	
8. Would the vendor require support from the previous provider (Eden – Tyler Technologies) to handle the data conversion? Please explain.	
9. Has the vendor converted data from Tyler Technologies – Eden or any other Tyler Technologies solution before? If so, how was this experience?	

The County requires that each Vendor provides a Lowndes County specific Implementation Plan detailing the required tasks, major deliverables, timelines, and required hours of work for the Vendor and County Staff. Where applicable, please indicate whether work is performed remotely or on-site. It is expected that your proposal includes these implementation services at a minimum.

1. Project Scope Agreement
2. Project Assumptions
3. Vendor Personnel
4. Technical Support Offerings
5. Operational & Knowledge Transfer
6. Data Conversion Process Steps and Activities
7. Data Verification & Validation
8. Customization & Configuration
9. Change Management Approach
10. Communication Plan
11. Quality Management and Testing
12. Project Risk Management
13. Schedule Management
14. Resource Management
15. Training Plan

ON-GOING SUPPORT AND MAINTENANCE**(Section 7)**

The Vendor must specify the nature, costs, and conditions of any post-implementation support options including:

1. Operational / Functional Support
2. Technical Support
3. Release / Upgrade Assistance
4. Availability of user groups
5. Escalation options and procedures

Identify the party or business unit that is responsible for each of the support options provided above. Additionally, it is requested that the Vendor submit their Support prioritization and escalation procedures.

QUESTION	RESPONSE
1. Does the vendor have a toll-free support line?	
2. Does the vendor have a web-based support service so that support requests can be submitted electronically?	
3. Does the vendor have regional and national User Groups?	
4. Does the vendor have an Annual User Conference?	
5. What are the support hours of operation? Please specify time zone.	
6. Does the vendor assign one individual to take ownership of any support issues the County may have?	
7. Will the vendor provide unlimited telephone and electronic support as part of their annual support agreement?	
8. Does the vendor provide and maintain a searchable knowledgebase of product support materials made available to its client base?	

QUESTION	RESPONSE
9. Does the vendor provide a customer only web site complete with documentation and user resources?	
10. Does the vendor provide an electronic forum for clients to communicate with each other and exchange information?	

SOFTWARE FUNCTIONAL REQUIREMENTS (SPREADSHEET ATTACHED)**(Section 8)**

Software Functional Requirements should be submitted in the attached spreadsheet titled "Lowndes County Software Functional Requirements". Vendors are instructed to complete the spreadsheet by selecting the "x" in the most appropriate column for each criterion. Please note that more than one response to a single requirement will be treated as a non-response. The coding key is as follows:

S = STANDARD	Indicates that the vendor's standard software meets and/or exceeds the requirement and the stated functionality is in the current <u>General Release</u> of the software.
3RD = THIRD PARTY	Indicates that the requirement can be met with a third-party product. Please indicate the name of the third party product under the comment section along with the total associated cost.
MOD = MODIFICATION	Indicates that a software modification is required to meet this requirement. If there is a cost associated with this modification, list the dollar amount in the comment section.
F = FUTURE RELEASE	Indicates the vendor will satisfy the requirement in a future release for no additional cost. Such future functionality must be in the <u>General Release</u> of the product within 12 months of contract date.
NS = NOT SUPPORTED	Indicates that the vendor's software does not and cannot meet this requirement.

VENDOR REFERENCE INFORMATION

(Section 9)

Provide a minimum of three (3) recent client references of similar size and preferably county governments. These clients must be live on all modules of the software for a minimum period of one year. If the client is willing to host a site-visit, indicate this in the corresponding section. Please include the following for each reference:

REFERENCES	
Client Name:	
Contact Name:	
Contact Title:	
Contact Phone Number:	
Contact e-mail address:	
Contract Date:	
Software Modules Purchased:	
Annual Budget:	
Population:	
Willing to Host Site-Visit:	

REFERENCES	
Client Name:	
Contact Name:	
Contact Title:	
Contact Phone Number:	
Contact e-mail address:	
Contract Date:	
Software Modules Purchased:	
Annual Budget:	
Population:	
Willing to Host Site-Visit:	

REFERENCES	
Client Name:	
Contact Name:	
Contact Title:	
Contact Phone Number:	
Contact e-mail address:	
Contract Date:	
Software Modules Purchased:	
Annual Budget:	
Population:	
Willing to Host Site-Visit:	

COST PROPOSAL

(Section 10)

The Vendor is required to include a separately sealed envelope detailing the proposal cost. Cost shall not be referenced in any other part of the proposal.

QUESTION	RESPONSE
1. Does the renewal amount follow a standard that we can accurately estimate? (e.g., 3% yearly increase.) Please describe.	
2. Are there any fees associated for the County to pull a copy of their data from the solution?	
3. Will there be additional charges as the operating systems, databases, and other support applications versions changes or will these upgrades be supported already?	

The Vendor is required to provide an itemized cost proposal addressing the provision of all services outlined below, and any other services the Vendor deems to be necessary that have not been specifically outlined:

- Application software license fees
- Data conversion costs
- Modification costs if denoted to satisfy a requirement
- Implementation, Training, & Consulting Services costs
- Annual software maintenance cost for a minimum of three years
- Estimated Travel Costs
- 3rd Party Software
- System Software
- Hardware (if required)
- Any Necessary or Recommended Contingencies

No additional charges, other than those listed on the price breakdown sheets, shall be made. All shipping and insurance costs to and from the site shall be included in this proposal. All payments to shipping agents and for insurance fees shall be made directly by the Vendor. Vendor shall be responsible for all arrangements for the shipment of equipment / software to the County's prepared site. Specific payment terms will be negotiated as part of the final contract. It is expected that certain payments will be made upon delivery of the software with additional payments made based on specific project milestones. The County may (during the implementation period or thereafter) require modifications, interfaces, conversion or other services from the Vendor. The vendor agrees to provide a written Change Order describing the work to be performed and estimating the costs, including expenses, for the County's approval before any work is initiated by the Vendor. The Vendor will not exceed the costs set forth in the mutually agreed upon Change Orders without justification, in writing, that is acceptable to the County.

INSURANCE REQUIREMENTS**(Section 11)****INDEMNIFICATION AND INSURANCE**

The Vendor agrees to assume liability for and indemnify, hold harmless, and defend the county, its commissioners, officers, employees, agents, and attorneys of, from, and against all liability and expense, including reasonable attorney's fees, in connection with any and all claims, demands, damages, actions, causes of action, and suits in equity of whatever kind or nature, including claims for personal injury, property damage, equitable relief, or loss of use, to the extent caused by the negligence, recklessness, or intentionally wrongful conduct of the vendor, its agents, officers, contractors, subcontractors, employees, or anyone else employed or utilized by the vendor in the performance of this Agreement. The vendor's liability hereunder shall include all attorney's fees and costs incurred by the county in the enforcement of this indemnification provision. This includes claims made by the employees of the vendor against the county and the vendor hereby waives its entitlement, if any. The obligations contained in this provision shall survive termination of this Agreement and shall not be limited by the amount of any insurance required to be obtained or maintained under this Agreement.

The vendor shall, at its own expense, provide and maintain during the term of this contract, the minimum amounts of insurance specified below. The insurer shall be in good standing within the state of Georgia through the Insurance Commissioner's Office and must be rated "A" or better, with AM Best Company.

Before commencing work under the contract, the vendor shall provide to Lowndes County, Attn: Michele Rizer, HR Administrative Supervisor, a Certificate of Insurance evidencing the required kinds and amounts of insurance. The minimum kinds and amounts of insurance shall be:

Commercial General Liability

Commercial General Liability written on Insurance Services Office (ISO) Form CG 00 01 or a substitute form providing equivalent coverage, including but not limited to, liability coverage for bodily injury (including death); property damage (including loss of use); personal and advertising injury; liability coverage for products, completed operations, premises, on-going operations; and contractual liability coverage, including, but not limited to, coverage for insured contracts, including tort liability of another assumed by Vendor. CGL insurance shall have limits of not less than \$1,000,000 (one million dollars) per occurrence, \$1,000,000 (one million dollars) personal/advertising injury, \$2,000,000 (two million dollars) general aggregate, and \$2,000,000 (two million dollars) products/completed operations aggregate. Such policy shall not include an exclusion for underground, explosion and collapse hazard. This coverage may be achieved by using an excess or umbrella policy. The policy or policies must be on "an occurrence" basis ("claims made" coverage is not acceptable). Products/Completed Operations coverage must be maintained in force and not less than the longer of the period of the applicable statute of repose, the statute of limitations or a period of at least five (5) years following the later termination of the Agreement or completion of all Work under this Agreement.

Commercial Automobile Liability

If the Vendor will be using a motor vehicle in the performance of its Work or services, Commercial Automobile Liability insurance providing coverage for any auto with a limit of at least \$1,000,000 (one million dollars) combined single limit per accident including coverage for bodily injury and destruction of property, including loss of use resulting therefrom or arising from the ownership, maintenance or use of all owned/leased, non-owned and hired motor vehicles used in the performance of the Work under this Agreement. Such insurance policy shall include contractual liability coverage, including, but not limited to, tort liability of another assumed by Vendor.

Workers' Compensation and Employers' Liability

Workers' Compensation policy with limits as required by the State of Georgia and Employers' Liability limits of at least \$1,000,000 (one million dollars) per occurrence or disease. (If Vendor is a sole proprietor, who is otherwise not entitled to coverage under Georgia's Workers' Compensation Act, Vendor must secure Workers' Compensation coverage approved by both the State Board of Workers' Compensation and the Commissioner of Insurance. The amount of such coverage shall be the same as what is otherwise required of employers entitled to coverage under the Georgia Workers' Compensation Act. Further, the Vendor shall provide a certificate of insurance indicating that such coverage has been secured and that no individual has been excluded from coverage.) Coverage shall be included for all states in which Work is performed under this Agreement.

Commercial Umbrella / Excess Liability Coverage

Commercial Umbrella / Excess Liability insurance with limits of at least \$1,000,000 (one million dollars) per occurrence and in the aggregate shall be provided and will apply over all required liability policies, including but not limited to Commercial General Liability, Commercial Automobile Liability, and Employers' Liability.

Cyber Liability

If Vendor's scope of work include any computer-related services such as collecting or storing electronic data (particularly personal information), accessing the Government or Local Government's computer systems, or providing computer security or support, then Vendor shall maintain Cyber Liability Insurance for network security and privacy risks with limits of not less than \$5,000,000 per claim and in the aggregate covering claims involving data breach or introduction of virus or malicious code, public relations, crisis management, credit or identity monitoring or similar remediation services, unauthorized access, failure of security, information, theft, privacy violations, damage to or destruction of electronic information, intentional and/or unintentional release of private information, alteration of electronic information, extortion

and network security including coverage for related regulatory fines, defenses and penalties allowed by law.

If higher limits are maintained by Vendor than shown above, the Local Government shall be entitled to coverage for any additional insurance proceeds in excess of the specified minimum limits maintained by the Vendor.

Technology Errors & Omissions

Technology Errors & Omissions insurance with limits of not less than \$5,000,000 per claim and in the aggregate covering claims involving any technology related products or services, including, but not limited to, design, maintain, outsource, manufacture, develop, install, integrate, distribute and/or license, sell, consult or host with respect to hardware, software, data, networks, systems, Wi-Fi, Internet of Things (i.e. connectable devices or machinery), website content and/or hosting, collect, store or process personally identifiable information (including credit card data, social security numbers, consumer data, healthcare information, etc.) or confidential corporate information (including payroll, employee benefits management, e-commerce platform, processing online orders/credit cards, etc.), or provide IT or other technology staffing services. Such policy shall provide coverage for claims arising out of the services provided hereunder by Vendor and/or its subcontractors.

PROPOSAL SIGNATURE FORM

(Section 12)

The undersigned, as proposal responder, declares that they have carefully examined all the items of the Specifications and Instructions herein and that they fully understand and accept the requirements of the same, and they agree to furnish the specified items and will accept, in full payment therefore, the amount specified in the cost proposal section.

By signing and submitting a proposal in response to this Request for Proposal (RFP), the vendor acknowledges that any subsequent contract is subject to adhere to the specifications and requirements detailed in the RFP.

Firm Name:

Date:

Address:

Telephone:

Signature:

Non-Collusion Affidavit

The undersigned bidder or agent, being duly sworn on oath, says that he/she has not, nor has any other member, representative, or agent of the firm, company, corporation or partnership represented by him/her, entered into any combination, collusion, or agreement with any person relative to the price to be bid by anyone at such letting nor to prevent any person from bidding nor to include anyone to refrain from bidding, and that this bid is made without reference to any other bid and without any agreement, understanding or combination with any other person in reference to such bidding.

OATH AND AFFIRMATION – I HEREBY AFFIRM UNDER THE PENALTIES FOR PERJURY THAT THE FACTS AND INFORMATION CONTAINED IN THE FOREGOING PROPOSAL ARE TRUE AND CORRECT.

Company Name

Title

Address

Signature

City

Email

State

Zip-code

Subscribed and sworn before me on this
_____ day of _____, 2025.

Telephone Number

Notary Public:

My Commission Expires: _____

Date

Person Authorized to Sign

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

The undersigned contractor ("Contractor") executes this Affidavit to comply with O.C.G.A § 13-10-91 related to any contract to which Contractor is a party that is subject to O.C.G.A. § 13-10-91 and hereby verifies its compliance with O.C.G.A. § 13-10-91, attesting as follows:

- a) The Contractor has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program;
- b) The Contractor will continue to use the federal work authorization program throughout the contract period, including any renewal or extension thereof;
- c) The Contractor will notify the public employer in the event the Contractor ceases to utilize the federal work authorization program during the contract period, including renewals or extensions thereof;
- d) The Contractor understands that ceasing to utilize the federal work authorization program constitutes a material breach of Contract;
- e) The Contractor will contract for the performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the Contractor with the information required by O.C.G.A. § 13-10-91(a), (b), and (c);
- f) The Contractor acknowledges and agrees that this Affidavit shall be incorporated into any contract(s) subject to the provisions of O.C.G.A. § 13-10- 91 for the project listed below to which Contractor is a party after the date hereof without further action or consent by Contractor; and
- g) Contractor acknowledges its responsibility to submit copies of any affidavits, drivers' licenses, and identification cards required pursuant to O.C.G.A. § 13-10-91 to the public employer within five business days of receipt.

Federal Work Authorization User Identification Number

Date of Authorization

Name of Contractor

Name of Project

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 20____ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 20_____.

NOTARY PUBLIC
My Commission Expires: _____

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your **TIN** in the appropriate box. The **TIN** provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number	
-	
or	
Employer identification number	
-	

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Non-Debarment and Integrity Compliance Affidavit

Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion (49 CFR, Part 29):

The undersigned Contractor must certify that neither it nor its principals are presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. Further, the Contractor certifies that he or she shall obtain an identical certification from all its sub-contractors. The Contractor also agrees that when a sub-contractor is unable to certify to any of the statements in this certification, the prospective participant shall submit an explanation to the Contractor.

Company Name

Person Authorized to Sign

Address

Title

City

Signature

State

Zip-code

Email

Telephone Number

Subscribed and sworn before me on this
____ day of _____, 2025.

Date

Notary Public:
My Commission Expires: _____

Drug Free Workplace Compliance Affidavit

DRUG FREE WORKPLACE REQUIREMENTS: The Contractor will provide the following certification that a Drug Free Workplace will be provided on the Project.

The undersigned certifies that the provisions of Code Sections 50-24-1 through 50-24-6 of the Official Code of Georgia Annotated, relating the "Drug Free Workplace Act", have been complied with in full. The undersigned further certifies that:

1. A drug free workplace will be provided for the Contractor’s employees during the performance of the Contract; and
2. Each Contractor who hires a Subcontractor to work in a drug free workplace shall secure from that Subcontractor the following written certification.

Company Name

Person Authorized to Sign

Address

Title

City

Signature

State

Zip-code

Email

Telephone Number

Subscribed and sworn before me on this
____ day of _____, 2025.

Date

Notary Public:
My Commission Expires: _____

Governing Law and Venue Affidavit

The undersigned Contractor agrees that as to any actions or proceedings arising out or related to this agreement, any such proceedings shall be governed and determined by Georgia Law.

The undersigned Contractor further agrees that as to any actions or proceedings arising out of or related to this agreement, any such action or proceeding shall be resolved only in an appropriate court located in Lowndes County, Georgia.

Company Name

Person Authorized to Sign

Address

Title

City

Signature

State

Zip-code

Email

Telephone Number

Subscribed and sworn before me on this
____ day of _____, 2025.

Date

Notary Public:

My Commission Expires: _____

Indemnity Agreement

This indemnity agreement made and entered into in favor of LOWNDES COUNTY ("LOWNDES"), a municipal corporation, by _____.

WHEREAS, _____ has submitted a bid to LOWNDES so as to provide _____.

NOW, THEREFORE, as an additional consideration in LOWNDES awarding the bid to _____.

_____ agrees to indemnify and hold harmless LOWNDES, its agents, principals, officers, and employees, their successors and assigns, individually and collectively, with respect to all claims, demands or liability for any injuries to any person (including death) or damage to any property arising out of any alleged negligence of LOWNDES, its officers, agents, or employees in connection with said bid /award; provided this indemnity shall not extend to any damage, injury or loss due to LOWNDES's sole negligence or willful misconduct of LOWNDES. _____ shall defend against all such claims and pay expenses of such defense, including reasonable attorney fees, and all judgments based thereon.

WITNESS THE HAND AND SEAL of the _____ pursuant to proper corporate authority ____ day of _____, 2025.

Company Name

Person Authorized to Sign

Address

Title

City

Signature

State

Zip-code

Email

Telephone Number

Subscribed and sworn before me on this
____ day of _____, 2025.

Date

Notary Public:

My Commission Expires: _____