



**2024 VOIP System Replacement RFP**

**Proposal Request # PermianCare-VOIP-2024**

**March 4th, 2024**

**PERMIACARE**  
**Request for Proposal – 2024 VOIP System Replacement**  
**March 4<sup>th</sup>, 2024**

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**SECTION I - GENERAL PROVISIONS**

**1. OBJECTIVE:**

Permian Basin Community Centers for Mental Health & Mental Retardation dba PermiaCare is seeking proposals for a hosted Voice Over IP phone solution. The bidder must be an authorized dealer for all hardware and software manufacturers proposed (no gray-market sales, please). Bids must include all software and hardware necessary to support approximately 300 phone endpoints with provided SIP trunks.

**2. ORGANIZATIONAL BACKGROUND:**

PermiaCare is a community center established under Texas Health and Safety Code Section 534, and as such, is the local authority for mental health and individual with intellectual and developmental disability services in the counties of Midland, Ector, Pecos, Brewster, Jeff Davis, Culberson, Presidio, and Hudspeth. In addition, PermiaCare also provides Early Childhood Intervention and chemical dependency services. PermiaCare has 18 service locations across an eight (8) county service area. PermiaCare was formed in 1969 by the cities of Midland and Odessa and is a public entity that is governed by a local Board of Trustees. The Texas Health and Human Services Commission contracts with PermiaCare for mental health, chemical dependency services, individuals with developmental disability services, HIV medical and housing assistance, and Early Childhood Intervention services.

As a governmental entity, the Center is capable of executing intergovernmental agreements in compliance with Texas Government Code 791.001 for the purpose of obtaining the benefits and efficiencies that accrue through cooperative purchasing. The Center is a member of the State of Texas Purchasing Cooperative and the Texas Buy Board.

The Center is tax exempt both as a Local Government Organization with a 501c3 status.

**3. SCOPE OF SERVICES:**

PermiaCare intends to enter into an agreement to purchase the items of equipment listed below. The respondent should provide a comprehensive fixed-price bid that includes the respondent's best option that fully meets the objectives of this project

Respondent considerations depending on the best option selected should include the following:

This solution will include hosted PBX service, phone endpoints, and SIP trunks (as recommended by the vendor) to support the following specifications:

- Approximately 340 endpoints
- Automated Attendant Capability with unique "menus" by department
- Custom Paging Groups
- Masked Outbound Caller ID reflects departmental number, rather than individual's DID
- Ring Groups with escalation to addition groups if not initially answered (No Answer Call Forwarding)
- Incoming Caller ID that follows the call as it is transferred
- Voicemail, speech to text transcription for emailed voicemail recordings
- Ability to ring multiple extensions for 1 user while using a single voicemail box (Shared call appearance)
- BLF capabilities that are easy to configure for IT staff and/or users
- Blind/Attended call forwarding
- Soft Phone support
- Configuration of a "Panic" soft key on each phone that calls a ring group unique to each department/location
- Email notification of outbound 911 calls
- Night mode by department
- Voicemail only extensions
- Anonymous call and spam call rejection
- E911 with address info specified by department

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- Interactive Voice Response capabilities
- Support for ported and virtual local numbers
- Office Intercom
- Integration with Outlook/Windows/Browsers to make outbound calls based on an on-screen number
- Three-way calling/conferencing
- Time based routing (business hours for each department, holidays, etc)
- Support analog phones with SPA type devices
- Must be fully hosted (No hardware to put on premise other than endpoints)

Bids must include all costs for hardware and software support/maintenance for the first 3 years. For future budgeting purposes, please state anticipated year 4, 5 and 6 costs for any hardware and software maintenance. Bids also must include costs for all applications or tools necessary to configure, monitor and manage the phone system.

**4. EVALUATION FACTORS FOR AWARD**

Category	Weight
Fitness of the Equipment for the purpose specified	50 Points
Comprehensiveness of the proposal	20 Points
Fee Bid	30 Points

**5. SUBMISSION CRITERIA:**

The proposal should include an attachment addressing all areas enumerated below. Any item, section, or questions left unanswered may result in respondent disqualification at the discretion of PERMIACARE.

- A. Vendors Proposal Documentation
- B. Appendix A – PBX Vendor Questions Response
- C. Appendix B - Bidder’s Affidavit
- D. Appendix C - Conflict of Interest Questionnaire (If no Conflicts of Interest exist between the Proposer and PERMIACARE, write “Not Applicable” across the top of the form and return the form with your submission).

**6. SUBMISSION PROCEDURE:**

A. Submission of Bid

1. **Responses** may be submitted either electronically with “**PermiaCare 2024 VOIP System Replacement**” indicated in the email subject line or by hard copy clearly marked on the outside of the envelope / package to indicate: “**PermiaCare 2024 VOIP System Replacement**” and submitted in a sealed envelope / package to:

PermiaCare, Suite 300 – Purchasing Department  
401 E. Illinois, Midland, TX 79701  
(432) 570-3333  
purchasing@permiacare.org

2. Responses and all supporting documentation, if any, must be received by email, mail, express mail, or hand-delivered on or **before 5:00 p.m. (CST) Monday, April 1st, 2024.** Late responses may not be

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opened or considered at the discretion of PERMIACARE. The vendor assumes all responsibility for the timely receipt of the PROPOSAL at our facility by the date/time stipulated.

3. If the vendor believes that any question in the REQUEST FOR PROPOSAL is unclear or susceptible to more than one interpretation, the vendor must indicate that uncertainty and explain any conditions or assumptions pertinent to the response.

**B. Submission of Questions**

1. All questions must be received in writing by email, mail, express mail, or hand-delivered. PERMIACARE will send a written response to each vendor that has obtained a copy of the REQUEST FOR PROPOSAL by email. The CIO must receive all written questions / comments, including questions and requests for clarification, no later than 5:00 PM, Monday, March 25th.

All questions / requests must be directed to the CIO, Glenn Pitchford, at:

**“2024 VOIP System Replacement”**  
Permian Basin Community Center, Suite 300 – Accounting Department  
401 E. Illinois, Midland, TX 79701  
[purchasing@permiacare.org](mailto:purchasing@permiacare.org) - Email

2. Any oral, email or other communication regarding this REQUEST FOR PROPOSAL with employees or officials of PERMIACARE, other than the individuals mentioned above will be considered unofficial and non-binding.

**C. Revisions to the REQUEST FOR PROPOSAL**

1. Should any amendments and/or addenda be necessary, all vendors will be given the opportunity to respond. Lack of response to any amendment(s) and/or addenda may make responses incomplete.
2. PERMIACARE will notify all vendors of amendments(s) and/or addenda via email or certified mail. Notwithstanding, it shall be the responsibility of the vendors to become informed of any amendment(s) and/or addenda to the REQUEST FOR PROPOSAL.

**D. Selection Process**

Selection will be based on how well the proposals meet the following criteria:

1. The extent to which the equipment and services to be provided meet stated PERMIACARE requirements.
2. Best estimated overall cost in relation to the equipment and services offered.

**E. Proposal Evaluation**

1. The evaluation of proposals shall be accomplished by an evaluation team, to be designated by PERMIACARE, which will determine the proposal most responsive to the requirements stated in this REQUEST FOR PROPOSAL.

**F. Notification of Selected / Rejected Bids**

1. If a response is accepted, the vendor will be contacted by PERMIACARE.
2. If a response is not accepted, the vendor(s) may be notified in writing after a contract for purchase has been executed with the selected vendor.

**G. General Terms and Conditions**

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1. PERMIACARE further reserves the right to reject any and/or all responses.
2. PERMIACARE assumes no responsibilities for any costs incurred during the preparation of the response by the vendor.
3. PERMIACARE reserves the right to negotiate final terms and conditions of the proposal and the resulting agreement.
4. PERMIACARE reserves the right to award or cancel this process at any time.
5. PERMIACARE is not bound to accept the lowest bid, nor any bid submitted.

**H. Proprietary Information / Public Disclosure**

1. Materials submitted in response to this competitive procurement shall become the property of PERMIACARE.
2. Any information in the bid that the vendor(s) desire to claim as proprietary and exempt from disclosure must be clearly designated. The page must be identified and the particular exception from disclosure must be clearly identified by the word “Confidential” printed on the lower right-hand corner of the page.
3. PERMIACARE will consider a vendor’s request for exemption from disclosure; however, PERMIACARE will make a decision predicated upon applicable laws.
4. Marking the entire proposal exempt from disclosure will not be honored.
5. Non-proprietary information in response to this REQUEST FOR PROPOSAL will be subject to public disclosure once the award is made and the contract signed with the selected vendor.

**I. Selection Timetable**

1. This table is tentative and subject to change.

<b>Item</b>	<b>Target Date For Completion</b>
1) REQUEST FOR PROPOSAL Issued	March 4th, 2024
2) Deadline to Submit Questions	March 25th, 2024, 5:00 PM
3) Proposals due (No Public Opening)	April 1st, 2024, 5:00 PM
4) Evaluation Period	April 2 <sup>nd</sup> , 2024 – May 13 <sup>th</sup> , 2024
*5) Recommendation to the Board Finance Committee	May 14th, 2024 – May 15th, 2024
*6) Recommendation to Board of Trustees	May 21 <sup>st</sup> , 2024
*7) Negotiation of purchase contract with chosen proposal	May 21 <sup>st</sup> , 2024 – May 31st, 2024
8) Service implementation date	June 1st, 2024 – June 30th, 2024

\*Anticipated dates subject to change based on the schedule of the Board of Trustees

2. Any questions or concerns about the timetable should be communicated in writing immediately upon receipt of the REQUEST FOR PROPOSAL
3. Failure to meet the delivery dates as outlined above may be basis for disqualifications of your proposal.

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J. Nondiscrimination

No person shall be excluded from participation in, be denied benefits of, be discriminated against in the admission or access to, or be discriminated against in treatment or employment in PERMIACARE's contracted programs or activities on the grounds of disability, age, race, color, religion, sex, national origin, or any other classification protected by Federal, State, and Local Laws; nor shall they be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of contracts with PERMIACARE.

K. Statement of Omissions and Deviations

Vendor shall provide a full description of any omissions or deviations from the requirements set forth in the REQUEST FOR PROPOSAL and the reasons why the omissions or deviations are in the best interest of PERMIACARE. The effect of any omissions or deviations on the total cost shall be included.

PERMIACARE reserves the right to disqualify any proposal that contains any omissions/deviations if in PERMIACARE's sole determination, it is decided that such omissions/deviations impact the overall goal for which this REQUEST FOR PROPOSAL was intended.

Additionally, the vendor may optionally list and explain any additional tasks, products or services that are proposed or recommended along with the associated cost, deliverables, and timetable to be undertaken that are not specified in this REQUEST FOR PROPOSAL. Any additional elements should be clearly delineated and cost estimates presented separately so that PERMIACARE may consider the value added and distinguishes such elements from the required components in the REQUEST FOR PROPOSAL.

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**APPENDIX A – PBX Vendor Questions 2024 PHONE SERVICES AND EQUIPMENT**

Question	Supported	Response
1) Can the solution create custom paging groups for different events by location. IE Tornado, fire, etc.?		
2) Is there a presence status on phone for fellow staff (red for on phone next to name, amber for away etc.)?		
3) Can we specify each department’s main number for outbound Caller ID for staff in that department?		
4) Can users forward all calls for the main number to answering service/other clinics on demand and after hours?		
5) Does the solution have an Auto-attendant(s) (automatic call director)?		
6) Does the solution provide simultaneous ring of multiple phones when a call comes in (ring group) and escalation to multiple ring groups if not initially answered?		
7) Is Caller ID for incoming calls provided and is this info passed to subsequent extensions when the call is forwarded?		
8) Does the solution allow for bridging multi-point calls?		
9) Does the solution include voicemail? Can voicemails be send to the recipient via email?		
10) Is voicemail available to be listened to on the handset? What are the options for remote retrieval of voicemails?		
11) Does the solution allow for the use of client lobby phones?		
12) Is Efax via SSL(encrypted) available?		
13) Does the vendor have the ability to use an analog to VOIP adaptor/hardware (CISCO SPA-122 or similar)? Does this work for fax machines in your system?		
14) Does the solution come with Virtual Meeting Room capability?		
15) Is this a fully hosted solution? Are we required to install anything with regard to hardware or server on the backend in our datacenter to use this solution?		
16) Does vendor provide SIP Trunks/DID's or require customer to purchase from a third party?		
17) Does the vendor allow use of third party phones? (Polycom, etc)? Please provide a list of compatible phones.		
18) Is the customer able to add new devices (phones) to the configuration without action by the vendor?		



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19) If the purchase of phones from the vendor is required, is the phone handset POE? What is the brand and model of the required phone?		
20) Does your solution support the use of cordless VOIP handsets?		
21) Describe your product’s call logging and reporting capabilities.		
22) What tools do you provide for call quality reporting and diagnosis?		
23) Describe any features designed to allow integration of cell phones into the user’s workflow.		
24) Does your system allow call recording? Can this be disabled?		
25) What is your uptime guarantee? What are the customer’s remedies if uptime targets are not met?		
26) Describe the process for rerouting calls in the case of a natural disaster at one or more of our locations.		
27) Describe the resiliency of your system. Do you use redundant data centers in multiple geo-locations? How long does failover take?		
28) Is your solution HIPAA and HITECH compliant? Will you sign a HIPAA related Business Associate Agreement?		

**Vendor Affidavit**

STATE OF TEXAS           ( )  
COUNTY OF MIDLAND   ( )

BEFORE ME the undersigned authority, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the following, who upon oath, says:

I am the Manager, Secretary, or other agent or officer or the principal of the Proposer in the matter of the Responses to which this affidavit is attached, and I have full knowledge of the relations of the Proposer with the other firms in this same line of business, and the Proposer is not a member of any trust, pool or combination to control the price of Responses, or to influence any person to propose or not propose thereon.

I further affirm that the Proposer has not given, offered to give, or intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted proposal.

\_\_\_\_\_  
Affiant

SWORN TO AND SUBSCRIBED BEFORE ME by the above Affiant, who, on oath states that the facts contained in the above are true and correct, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for \_\_\_\_\_ County,  
Texas

Name of Proposer \_\_\_\_\_

Signed by \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

# CONFLICT OF INTEREST QUESTIONNAIRE

# FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

## OFFICE USE ONLY

Date Received

**1** Name of person who has a business relationship with local governmental entity.

**2**  Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

**3** Name of local government officer with whom filer has employment or business relationship.

\_\_\_\_\_  
Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

Yes       No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

Yes       No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes       No

D. Describe each employment or business relationship with the local government officer named in this section.

**4**

\_\_\_\_\_  
Signature of person doing business with the governmental entity

\_\_\_\_\_  
Date