

# Best and Final Offer Response - NCS Pearson, Inc.

Due: January 6, 2021

**ATTACHMENT A**  
**MINORITY & WOMEN'S BUSINESS ENTERPRISES RFP SUBCONTRACTOR**  
**COMMITMENT FORM**

In accordance with 25 IAC 5-5, the respondent is expected to submit with its proposal a Minority & Women's Business Enterprises RFP Subcontractor Commitment Form. The Form must show that there are, participating in the proposed contract, Minority Business Enterprises (MBE) and Women Business Enterprises (WBE) listed in the Minority and Women's Business Enterprises Division (MWBED) directory of certified firms located at <http://www.in.gov/idoa/2352.htm>.

If participation is met through use of vendors who supply products and/or services directly to the Respondent, the Respondent must provide a description of products and/or services provided that are directly related to this proposal and the cost of direct supplies for this proposal. Respondents must complete the Subcontractor Commitment Form in its entirety. The amount entered in "**TOTAL BID AMOUNT**" should match the amount entered in the Attachment D, Cost Proposal Template.

Failure to meet these goals will affect the evaluation of your Proposal. The Department reserves the right to verify all information included on the MWBE Subcontractor Commitment Form.

**Prime Contractors must ensure that the proposed subcontractors meet the following criteria:**

- Must be listed on the IDOA Directory of Certified Firms, **on or before** the proposal due date
- Prime Contractor must include with their proposal the subcontractor's M/WBE Certification Letter provided by IDOA, to show current status of certification.
- Each firm may only serve as one classification – MBE, WBE, or IVOSB (see section 1.22)
- A Prime Contractor who is an MBE or WBE must meet subcontractor goals by using other listed certified firms. Certified Prime Contractors cannot count their own workforce or companies to meet this requirement.
- **Must serve a Valuable Scope Contribution (VSC). The firm must serve a value-added purpose on the engagement, as confirmed by the State.**
- Must provide goods or service only in the industry area for which it is certified as listed in the directory at <http://www.in.gov/idoa/2352.htm>
- Must be used to provide the goods or services specific to the contract
- National Diversity Plans are generally not acceptable

**MINORITY & WOMEN'S BUSINESS ENTERPRISES RFP SUBCONTRACTOR LETTER OF**  
**COMMITMENT (MWBE)**

A signed letter(s), on company letterhead, from the MBE and/or WBE must accompany the MWBE Subcontractor Commitment Form. Each letter shall state and will serve as acknowledgement from the MBE and/or WBE of its subcontract amount, a description of products and/or services to be provided on this project, and approximate date the subcontractor will perform work on this contract. The MBE and/or WBE subcontractor amount and subcontractor percentage is only based on the initial term of the contract, unless the products and/or services are needed beyond the initial term. Any products and/or services desired after the initial term will require separate negotiations between the prime contractor and subcontractor. The State may deny evaluation points if the letter(s) is not attached, not on company letterhead, not signed and/or does not reference and match the subcontract amount, subcontract amount as a percentage of the "**TOTAL BID AMOUNT**" and the anticipated period that the Subcontractor will perform work for this solicitation.

By submission of the Proposal, the Respondent acknowledges and agrees to be bound by the regulatory processes involving the State's M/WBE Program. Questions involving the regulations governing the MWBE Subcontractor Commitment Form should be directed to: Minority and Women's Business Enterprises Division at (317) 232-3061 or <http://www.in.gov/idoa/2352.htm>.

# STATE OF INDIANA MBE/WBE SUBCONTRACTOR COMMITMENT FORM

RFP#: 21-2422 Item Bank and Authoring System (BAFO Response)

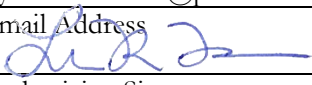
DUE DATE: Wednesday, January 6, 2021

TOTAL BID AMOUNT: \$575,056.05

<input type="checkbox"/> MBE Firm <input type="checkbox"/> WBE Firm <b>Company Name:</b> Not Applicable - No Subcontractor Commitment <b>Address:</b>  <b>Sub-Contract Amount:</b> <b>Sub-Contract Percentage of Total Bid:</b> 	<b>Contact Person:</b> <b>E-mail:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>Telephone Number:</b> (    )</td> <td style="width: 50%;"><b>Fax Number:</b> (    )</td> </tr> </table> <b>Describe service/product to be provided and <u>how this is a Valuable Scope Contribution of the Contract:</u></b>  	<b>Telephone Number:</b> (    )	<b>Fax Number:</b> (    )
<b>Telephone Number:</b> (    )	<b>Fax Number:</b> (    )		
<b>Provide approximate dates when Sub-Contractor will perform on this project:</b>			

<input type="checkbox"/> MBE Firm <input type="checkbox"/> WBE Firm <b>Company Name:</b> Not Applicable - No Subcontractor Commitment <b>Address:</b>  <b>Sub-Contract Amount:</b> <b>Sub-Contract Percentage of Total Bid:</b> 	<b>Contact Person:</b> <b>E-mail:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>Telephone Number:</b> (    )</td> <td style="width: 50%;"><b>Fax Number:</b> (    )</td> </tr> </table> <b>Describe service/product to be provided and <u>how this is a Valuable Scope Contribution of the Contract:</u></b>  	<b>Telephone Number:</b> (    )	<b>Fax Number:</b> (    )
<b>Telephone Number:</b> (    )	<b>Fax Number:</b> (    )		
<b>Provide approximate dates when Sub-Contractor will perform on this project:</b>			

NCS Pearson, Inc.  
 Respondent Firm  
 2510 North Dodge Street  
 Address  
 Iowa City, Iowa 52245  
 City/State/Zip Code  
 Cynthia Galindo  
 Representative  
 January 5, 2021  
 Date

787-384-5512  
 Telephone Number  
 n/a  
 Fax Number  
 Cynthia.Galindo@pearson.com  
 Email Address  
  
 Authorizing Signature  
 Lisa Lepic, Sr. Vice President, Pearson Assessments  
 Printed Name and Title

☐ Please check if additional forms are attached.  
 Page \_\_\_\_\_ of \_\_\_\_\_

**FORM MUST BE COMPLETED IN ITS ENTIRETY WITH COMPLETED LETTERS OF COMMITMENT.**

**ATTACHMENT A1**  
**INDIANA VETERAN OWNED SMALL BUSINESS RFP SUBCONTRACTOR**  
**COMMITMENT FORM**

In accordance with Section 1.22 of RFP 21-2422, the respondent is expected to submit with its proposal an Indiana Veteran Owned Small Business (IVOSB) RFP Subcontractor Commitment Form. The Form must show that there are, participating in the proposed contract, Indiana Veteran Owned Small Business(es) listed in the [VA OSDBU](http://www.in.gov/idoa/2862.htm) registry, or listed on the IDOA Directory of Certified Firms that conform to the IVOSB rules as laid out at <http://www.in.gov/idoa/2862.htm>.

If participation is met through use of vendors who supply products and/or services directly to the Respondent, the Respondent must provide a description of products and/or services provided that are directly related to this proposal and the cost of direct supplies for this proposal. Respondents must complete the Subcontractor Commitment Form in its entirety. The amount entered in “**TOTAL BID AMOUNT**” should match the amount entered in the Attachment D, Cost Proposal Template.

If the vendor responding to the RFP is an IVOSB certified entity, the letter confirming same should be submitted with their response. IDOA will verify the certification but will not check for it. Therefore the responding vendor has the responsibility to alert IDOA of their certification. The IVOSB respondent will receive the total points for the IVOSB evaluation criteria per section 3.2.7. Additional ISVOB subcontractors must be included if the IVOSB respondent is seeking the additional bonus point.

The IVOSB respondent must list their **company contact information only** on the IVOSB Subcontractor Commitment Form.

Failure to address these goals may impact the evaluation of your Proposal. The Department reserves the right to verify all information included on the IVOSB Subcontractor Commitment Form.

**Prime Contractors must ensure that the proposed IVOSB subcontractors meet the following criteria:**

- Must be listed on Federal Center for Veterans Business Enterprise ([VA OSDBU](http://www.in.gov/idoa/2862.htm)) registry or listed on the IDOA Directory of Certified Firms, **on or before** the proposal due date
- Prime Contractor must include with their proposal the subcontractor’s veteran business Certification Letter provided by either IDOA or Federal Govt. (VA OSDBU), to show current status of certification.
- Each firm may only serve as one classification – MBE, WBE (see Section 1.21) or IVOSB
- IVOSB must have a Bidder ID (see section 2.3.7 - Department of Administration, Procurement Division)
- A Prime Contractor who is an IVOSB can count their own workforce or companies to meet this requirement.
- **Must serve a Valuable Scope Contribution (VSC). The firm must serve a value-added purpose on the engagement, as confirmed by the State.**
- Must provide goods or service only in the industry area for which it is certified as listed in the [VA OSDBU](http://www.in.gov/idoa/2352.htm) or IDOA Certified Firm directories <http://www.in.gov/idoa/2352.htm>
- Must be used to provide the goods or services specific to the contract

**INDIANA VETERAN OWNED SMALL BUSINESS RFP SUBCONTRACTOR LETTER OF COMMITMENT**

A signed letter(s), on company letterhead, from the IVOSB must accompany the IVOSB Subcontractor Commitment Form. Each letter shall state and will serve as acknowledgement from the IVOSB of its subcontract amount, a description of products and/or services to be provided on this project, and approximate date the subcontractor will perform work on this contract. The State reserves the right to deny evaluation points if the letter(s) is not attached. The State may deny evaluation points if the letter(s) is not attached, not on company letterhead, not signed and/or does not reference and match the subcontract amount, subcontract amount as a percentage of the “**TOTAL BID AMOUNT**” and the anticipated period that the Subcontractor will perform work for this solicitation.

By submission of the Proposal, the Respondent acknowledges and agrees to be bound by the policies and processes involving the State’s IVOSB Program. Questions involving the regulations governing the IVOSB Subcontractor Commitment Form should be directed to: [indianaveteranspreference@idoa.in.gov](mailto:indianaveteranspreference@idoa.in.gov).

# STATE OF INDIANA IVOSB SUBCONTRACTOR COMMITMENT FORM

RFP#: 21-2422 Item Bank and Authoring System (BAFO Response)

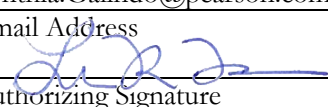
DUE DATE: Wednesday, January 6, 2021

TOTAL BID AMOUNT: \$575,056.05

<b>Company Name:</b> Not Applicable - No Subcontractor Commitment	<b>Contact Person:</b>	
<b>Address:</b>	<b>E-mail:</b>	
<b>Sub-Contract Amount:</b>	<b>Telephone Number:</b> ( )	<b>Fax Number:</b> ( )
<b>Sub-Contract Percentage of Total Bid:</b>	<b>Describe service/product to be provided and <u>how this is a Valuable Scope Contribution of the Contract:</u></b>	
<b>Provide approximate dates when Sub-Contractor will perform on this project:</b>		

<b>Company Name:</b> Not Applicable - No Subcontractor Commitment	<b>Contact Person:</b>	
<b>Address:</b>	<b>E-mail:</b>	
<b>Sub-Contract Amount:</b>	<b>Telephone Number:</b> ( )	<b>Fax Number:</b> ( )
<b>Sub-Contract Percentage of Total Bid:</b>	<b>Describe service/product to be provided and <u>how this is a Valuable Scope Contribution of the Contract:</u></b>	
<b>Provide approximate dates when Sub-Contractor will perform on this project:</b>		

NCS Pearson, Inc.  
Respondent Firm  
2510 North Dodge Street  
Address  
Iowa City, Iowa 52245  
City/State/Zip Code  
Cynthia Galindo  
Representative  
January 5, 2021  
Date

787-384-5512  
Telephone Number  
n/a  
Fax Number  
Cynthia.Galindo@pearson.com  
Email Address  
  
Authorizing Signature  
Lisa Lepic, Sr. Vice President, Pearson Assessments  
Printed Name and Title

☐ Please check if additional forms are attached.  
Page \_\_\_\_\_ of \_\_\_\_\_

**FORM MUST BE COMPLETED IN ITS ENTIRETY WITH COMPLETED LETTERS OF COMMITMENT.**

## Indiana Economic Impact Form, Attachment C

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### **Instructions**

**1. Complete lines 1 - 15 with the information requested about the company in the Attachment C worksheet.**

*All companies desiring to do business with state agencies must complete an "Indiana Economic Impact" form (Attachment C). The collection and recognition of the information collected with the Indiana Economic Impact form places a strong emphasis on the economic impact a project will have on Indiana and its residents regardless of where a business is located. The collection of this information does not restrict any company or firm from doing business with the state.*

**2. Line 16: Enter total amount of this proposal, bid, or current contract.**

*This figure is the respondent's total cost proposal to the the state (as submitted in Attachment D, Cost Proposal Template). Additionally, this total shall be utilized when completing your Attachment A, MWBE Subcontractor Commitment Form.*

**3. Lines 18 and 21 measure the full-time equivalent (FTE) count of Indiana residents; this number will be auto-populated on Attachment C worksheet. Respondents shall populate the yellow-shaded cells in the FTE Details worksheet.**

*The state defines FTE as a measurement of an employee's productivity on a specific project or contract. An FTE of 1 would mean that there is one worker fully engaged on a project. If there are two employees each spending 1/2 of their working time on a project that would also equal 1 FTE.*

***Please populate the yellow-shaded cells in the FTE Details worksheet.***

**Respondents shall provide a job title for each of the FTE's proposed for The State of Indiana contract as well as the number of FTE that job title contributes to the total.**

PROJECT MANAGER - 1 FTE

*Please keep in mind that the only FTE's that should be included in this count are Indiana employees working on this contract ONLY. If there are 10 employees working on this contract but they are splitting their time with numerous other contracts as well, then these employees cannot be counted as 1 FTE. Instead, these employees should be counted as a fraction of an FTE. For example: 10 employees working on 4 contracts (1 of them being the State of Indiana contract) - each of the 10 employees would only count as 1/4 of an FTE or .25. Therefore, the total number of FTE's for this scenario would be 2.5.*

**INDIANA ECONOMIC IMPACT - PROPOSALS AND CONTRACTS**

State Form 51778 (R4 / 1-06)  
DEPARTMENT OF ADMINISTRATION  
Approved by State Board of Accounts, 2006

This information is required by the Indiana Department of Administration for all contractors, vendors/suppliers to the State of Indiana (complete all 22 items).

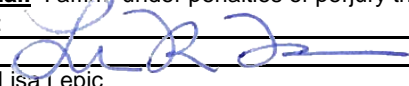
1	<b>Legal Name of firm:</b>	NCS Pearson, Inc. through its School Assessment business
2	<b>Address/City/State/Zip Code:</b>	2510 N. Dodge Street, Iowa City, Iowa 52245
3	<b>Telephone #/Fax #/Website:</b>	Tel. 319-621-8992 / Fax 319-358-4284 / www.pearson.com
4	<b>Federal Tax Identification Number:</b>	41-0850527
5	<b>State/Country of domicile/incorporation:</b>	Minnesota, USA
6	<b>Location of firm's headquarters or principal place of business:</b>	Iowa City, Iowa
7	<b>Name of parent company or holding company (if applicable):</b>	PN Holdings, Inc.
8	<b>State/Country of domicile/incorporation of company listed in #7:</b>	Delaware, USA
9	<b>Address of company listed in #7:</b>	5601 Green Valley Dr. Bloomington, MN 55437
10	<b>IN Department of Workforce Development (DWD) account number:</b>	NCS Pearson Inc - 127856
11	<b>IN Department of Revenue (DOR) account number:</b>	NCS Pearson Inc - 0003350444001
12	<b>Number of Indiana resident employees per most recently completed IRS Form W-2 distribution:</b>	511
13	<b>Total number of employees per most recently completed IRS Form W-2 distribution:</b>	33,238
14	<b>Total amount of payroll paid to Indiana resident employees per most recently completed IRS Form W-2 distribution:</b>	\$ 14,369,415.61
15	<b>Total amount of payroll paid to all employees per the most recently completed IRS Form W-2 distribution:</b>	\$ 1,016,986,742.72
16	<b>Total amount of this proposal, bid, or current contract:</b>	\$575,056.05

**ACCOUNTING OF INDIANA RESIDENT  
EMPLOYEES**

17	<b>Prime Contractor Company Name:</b>	
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18	<b>Number of Full Time Equivalent (FTE) employees</b> that are Indiana residents specifically for this proposal or contract:	0.00
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19	<b>Subcontractor Company Name:</b>				
20	Address/Contact Person/Telephone Number/Tax ID Number:				
21	<b>Number of Full Time Equivalent (FTE) employees</b> that are Indiana residents specifically for this proposal or contract:	0.00	0.00	0.00	0.00

22	<b>Affirmation by authorized official:</b> I affirm under penalties of perjury that the foregoing representations are true to be the best of my knowledge and belief:				
	Signature:				
	Name of auththorized official:	Lisa Lepic			
	Title:	Sr. Vice President, School Assessments			
	Date:	5-Jan-21			



**FTE DETAILS**  
Job Titles and Contributing FTE

- **Populate the yellow-shaded cells; with all applicable job titles and the total FTE count.**  
- **Respondents may insert additional rows to account for all job titles attributing to the total FTE count.**  
Please keep in mind that the only FTEs that should be included in this count are Indiana employees working on this contract ONLY. If there are 10 employees working on this contract but they are splitting their time with numerous other contracts as well, then these employees cannot be counted as 1 FTE. Instead, these employees should be counted as a fraction of an FTE. For example: The project length of the contract is 24 months. There are 10 employees working on the contract over the 24 month contract period. 5 employees are working solely on the project for 24 months. 3 employees are working equal time on 2 projects for 24 months. 2 employees are working solely on the project for 6 months.  
The FTEs would be calculated as follows:  
5 employees x 24 months (24 months working solely on this project) x 1 (time spent solely on this project) = 120 months / 24 months (length of contract) = 5 FTEs  
3 employees x 24 months x .5 (splitting time equally between 2 projects) = 36 months / 24 months = 1.5 FTEs  
2 employees x 6 months (6 months dedicated solely to this project) x 1 (time spent solely on this project) = 12 months / 24 months = .5 FTEs

**Column Title Definitions:**  
**Number of Employees** = Number of employees working on this State contract.  
**Duration (In Months)** = Amount of time that the employee(s) will spend on the State contract.  
**Time Spent (Percentage)** = Percentage of time the employee(s) will be working on the contract.

<b>Duration of Initial Contract Term (In Months)</b>	<b>12</b>	*Number based on initial contract term
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PRIME CONTRACTOR COMPANY				
EMPLOYEE JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
TOTAL FTE COUNT				0.00

SUB CONTRACTOR COMPANY NAME				
				(Enter Company Name Here)
JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
				0.00
				0.00
				0.00
TOTAL FTE COUNT				0.00

SUB CONTRACTOR COMPANY NAME				
				(Enter Company Name Here)
JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
				0.00
				0.00
				0.00
TOTAL FTE COUNT				0.00

SUB CONTRACTOR COMPANY NAME				
				(Enter Company Name Here)
JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
				0.00
				0.00
				0.00
TOTAL FTE COUNT				0.00

SUB CONTRACTOR COMPANY NAME				
				(Enter Company Name Here)
JOB TITLE	Number of Employees	Duration (In Months)	Time Spent (Percentage)	NUMBER OF FTE
				0.00
				0.00
				0.00
TOTAL FTE COUNT				0.00

## RFP 21-2422 Item Bank and Authoring System

### Attachment D, Cost Proposal

Company Name:

NCS Pearson, Inc.

#### COST PROPOSAL INSTRUCTIONS

1. Respondents must populate all **blue-shaded cells** within the Cost Proposal tab. Information and costs proposed must be provided per cost category identified. The "TOTAL COST" figure shown in the Mandatory Deliverable/Task section of Cost Proposal will be the sum used in the evaluation of the cost proposal. This amount will be automatically calculated based on the amounts entered in the shaded fields.

2. Pricing must be all-inclusive, including all costs associated with performance of the services requested in this RFP.

3. The Cost Proposal must be submitted in the **original** Excel format. Any attempts to manipulate the format of the Cost Proposal template, attach caveats to pricing, or submit pricing that deviates from the current format will put the Respondent's proposal at risk.

#### NOTES

If attachments are necessary, please indicate where they may be located in the electronic file.

RFP 21-2422 Item Bank and Authoring System - **BEST AND FINAL OFFER**

Attachment D, Cost Proposal

Company Name: **NCS Pearson, Inc.**

**PART 1: Mandatory Deliverables/Tasks**

Mandatory Deliverable/Task Description	Total Annual Fee for Year 1	Total Annual Fee for Year 2	Total Annual Fee for Year 3
Product License	\$2,500.00	\$2,500.00	\$2,500.00
Maintenance	\$275,660.87	\$72,684.39	\$74,564.00
Support	\$83,129.72	\$30,378.80	\$31,138.27
<b>TOTAL COST:</b>	<b>\$575,056.05</b>		

**PART 2: Optional Deliverables/Tasks**

	Please indicate any additional offerings your company can provide to the benefit of this program, including for-cost and added value: