1. Introduction

The University of Arkansas, Fayetteville (UA) is seeking responses to this Next Generation Network Modernization RFP 03182024 Attachment I from companies who provide data networking equipment, software, and professional services. The purpose of this pre-qualification process is to qualify the best Respondents to participate in a subsequent selection process as potential Prime Contractors for the Next Generation Network (NGN).

Response to this Attachment I must be sent via email to Kinzie Ameling, Contract Manager, at [kmshephe@uark.edu](mailto:kmshephe@uark.edu) and copy Stephanie Haase-Good at Email: [shaase@uark.edu](mailto:shaase@uark.edu) no later than April 5, 2024, at 2:30 PM Central Time.

1. Scope

UA intends to move to the NGN over a 4 to 5 year time frame. UA currently has approximately 44,000 wired network ports, and 7,300 wireless access points. The scope includes hardware, software, professional services, and management tools. The professional services may include elements such as planning, design, development, programming, pilot testing, implementation, commissioning, and ongoing support. The technologies listed in Table I are expected to be included in the selection process.

|  |
| --- |
| **Table I**  **Technologies in Scope** |
| Wireless networking |
| Controller/cloud |
| Access Points |
| Wired networking |
| Core |
| Distribution |
| Access |
| Border (WAN) |
| Data center network |
| UPS for access switches |
| Network Management Infrastructure |
| IP Address Management (IPAM) system |
| Network Management system |
| Security Infrastructure |
| Firewalls |
| Network Access Control system |
| Security Information and Event Management (SIEM) system |
| Network TAP & Intrusion Detection System |

1. Supplier Information

Legal Supplier Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Common Firm Name (DBA) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Contact Person responsible for completing this form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submittal is for: ( ) Parent Company ( ) Division ( ) Branch

Parent Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate if you are the original equipment manufacturer (OEM) \_\_\_\_\_\_\_

If you are a value-added reseller, distributor or integrator indicate level of certification for the OEMs that you represent e.g., Gold, Platinum \_\_\_\_\_\_\_\_\_.

Will subcontractors be used in any capacity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, provide the name of the subcontractor companies you may use and the roles or functions they will serve such as design, implementation, software development, ongoing support, etc. \_\_\_\_\_\_\_\_\_\_\_

Where is the nearest warehouse to UA that you will utilize for replacement spares? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where is the nearest location for on-site technical support? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is all of your remote support located in the United States? \_\_\_\_\_ If no, please list the countries where your remote support is located. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Size and Complexity

All Respondents are required to provide references where you have designed, implemented, and supported networks for clients who are of similar size and complexity to UA.

1. Additional Information Requirements

What major networking technologies and systems do you sell and support? Which are your preferred systems? Are you an authorized fulfillment partner in the state of Arkansas? Fill in all that apply in Table II.

|  |  |  |
| --- | --- | --- |
| **Table II**  **Networking Technologies Supported** | | |
| *Technologies* | *OEMs that you Sell and Support* | *Preferred OEM* |
| Wireless networking |  |  |
| Controller/cloud |  |  |
| Access Points |  |  |
| Wired networking |  |  |
| Core |  |  |
| Distribution |  |  |
| Access |  |  |
| Border (WAN) |  |  |
| Data center network |  |  |
| UPS for access switches |  |  |
| Network Management Infrastructure |  |  |
| IP Address Management (IPAM) system |  |  |
| Network Management system |  |  |
| Security Infrastructure |  |  |
| Firewalls |  |  |
| Network Access Control system |  |  |
| Security Information and Event Management (SIEM) system |  |  |
| Network TAP & Intrusion Detection System |  |  |

* 1. Experience of Technical Staff

Provide in Table III the number of personnel (direct and subcontractor) with the associated qualifications for the technologies you sell, install, and support.

* + 1. “Experienced” means a minimum of five years of experience performing the same type of work.
    2. “Certified” means there is a record of having enrolled in a structured course and successfully completing a final exam consisting of both practical and hands-on methodology evaluation by the OEM.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table III**  **Experience of Technical Staff** | | | | |
| *Description* | *In-House Personnel* | | *Subcontractor Personnel* | |
| *Experienced* | *Certified* | *Experienced* | *Certified* |
| Wireless networking |  |  |  |  |
| Controller/cloud |  |  |  |  |
| Access Points |  |  |  |  |
| Wired networking |  |  |  |  |
| Core |  |  |  |  |
| Distribution |  |  |  |  |
| Access |  |  |  |  |
| Border (WAN) |  |  |  |  |
| Data center network |  |  |  |  |
| UPS for access switches |  |  |  |  |
| Network Management Infrastructure |  |  |  |  |
| IP Address Management (IPAM) system |  |  |  |  |
| Network Management system |  |  |  |  |
| Security Infrastructure |  |  |  |  |
| Firewalls |  |  |  |  |
| Network Access Control system |  |  |  |  |
| Security Information and Event Management (SIEM) system |  |  |  |  |
| Network TAP & Intrusion Detection System |  |  |  |  |

1. Experience and References for Qualification
   1. Provide 3 references in Table IV, V, and VI for installations your organization performed involving wired and WiFi network installations within the past 48 months. These installations must be comparable or greater size and complexity to UA.

| **Table IV**  **Data Network Installations** | | |
| --- | --- | --- |
| ***Reference #1*** | | |
| **Contact Information** | | |
| Customer Name | |  |
| Address | |  |
| Contact Name | |  |
| Contact Telephone Number | |  |
| Contact E-mail Address | |  |
| Type of Business | |  |
| **Category** | **Information Requested** | **Response** |
| Wireless Networking | Manufacturer and Type |  |
| System Size (number of APs) |  |
| Year of Installation |  |
| Wired Networking | Manufacturer and Type |  |
| System Size (number of wired network ports) |  |
| Year of Installation |  |
| Network Management Infrastructure | Manufacturer(s) and Type |  |
| Year of Installation |  |
| Security Infrastructure | Manufacturer(s) and Type |  |
| Year of Installation |  |

| **Table V**  **Data Network Installations** | | |
| --- | --- | --- |
| ***Reference #2*** | | |
| **Contact Information** | | |
| Customer Name | |  |
| Address | |  |
| Contact Name | |  |
| Contact Telephone Number | |  |
| Contact E-mail Address | |  |
| Type of Business | |  |
| **Category** | **Information Requested** | **Response** |
| Wireless Networking | Manufacturer and Type |  |
| System Size (number of APs) |  |
| Year of Installation |  |
| Wired Networking | Manufacturer and Type |  |
| System Size (number of wired network ports) |  |
| Year of Installation |  |
| Network Management Infrastructure | Manufacturer and Type |  |
| Year of Installation |  |
| Security Infrastructure | Manufacturer and Type |  |
| Year of Installation |  |

| **Table VI**  **Data Network Installations** | | |
| --- | --- | --- |
| ***Reference #3*** | | |
| **Contact Information** | | |
| Customer Name | |  |
| Address | |  |
| Contact Name | |  |
| Contact Telephone Number | |  |
| Contact E-mail Address | |  |
| Type of Business | |  |
| **Category** | **Information Requested** | **Response** |
| Wireless Networking | Manufacturer and Type |  |
| System Size (number of APs) |  |
| Year of Installation |  |
| Wired Networking | Manufacturer and Type |  |
| System Size (number of wired network ports) |  |
| Year of Installation |  |
| Network Management Infrastructure | Manufacturer and Type |  |
| Year of Installation |  |
| Security Infrastructure | Manufacturer and Type |  |
| Year of Installation |  |

1. Performance bond letter

Each Respondent must submit a letter from an admitted surety insurer authorized to issue bonds in the State of Arkansas, which states the amount of the Respondent’s current available bonding capacity. Such surety shall have an “A” or better rating by A.M. Best, Moody’s, or Standard and Poor’s. The amount of current available bonding capacity stated in such letter from such surety on behalf of a Respondent should be a minimum of ten Million Dollars ($10,000,000).

In addition to the bonding statement, supply the following information:

Bonding Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Key Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Per Job Capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bond Rate (percentage): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Last Bond: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Bond Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Evaluation Criteria

Respondents will be evaluated based on the following criteria:

* 1. Reference checks
  2. Staff certifications and experience
  3. Location of staff that would perform on-site work
  4. Location of equipment spares
  5. Ability to provide a performance bond letter
  6. Thorough response to the items presented in this document

1. Signatures

I have reviewed this document in its entirety and certify that the information provided is accurate and complete.

Dated This Day of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_