February 24, 2016

To: Prospective Vendor

Subject: Solicitation Number: DHSMV ITN 006-16 Driver-Related Credential Print Solution

Addendum No. 1

The enclosed information has been provided for consideration in the preparation of your response to the above-referenced ITN.

All other terms and conditions of the ITN remain in effect.

To the extent this Addendum gives rise to a protest, failure to file a protest within the time prescribed in Section 120.57(3), Florida Statutes, shall constitute a waiver of proceedings under Chapter 120, Florida Statutes.

Sincerely,

Lisa M. Bassett

Lisa M. Bassett, Chief
Bureau of Purchasing and Contracts

Enclosures:
Addendum No. 1
Attachment G-1, Past Performance – Client Reference Form (5 Pages)
Attachment E, ITN Reply Submission Requirements and Evaluation Criteria Components, Subsection E.2, Item A., Original Response Mandatory Documentation, is hereby amended as follows:

1. Sub-Item 6, Past Performance - Client References (Must be provided on pages provided in Attachment G-1), is hereby deleted in its entirety and replaced with the following:

In the space provided on Attachment G-1, Past Performance - Client References, the prospective vendor must list all business names under which it has operated during the last three (3) years. Also, in the spaces provided on Attachment G-1, Past Performance - Client References, the prospective vendor must provide the information indicated for three (3) separate and verifiable, Non-DHSMV (Department of Highway Safety and Motor Vehicles) clients. The Vendor may satisfy the following mandatory experience requirements (a-c), below, through a single reference or any combination of references.

References must demonstrate that the prospective vendor provided the following:

a) Print solution-related services as the primary contractor (as opposed to subcontractor) for at least one jurisdiction that complies with AAMVA standards for credential production, and for which the vendor produced at least 500,000 AAMVA-compliant credentials per year for at least one year.

b) Print solution-related services as the primary contractor (as opposed to subcontractor) for at least one jurisdiction that complies with AAMVA standards for credential production, and for which the period of continuous service delivery was at least three (3) years.

c) Print solution-related services as the primary contractor (as opposed to subcontractor) for at least one jurisdiction that complies with AAMVA standards for credential production, and for which credential production service delivery was through an over-the-counter (OTC) process or a combination of OTC and central issuance (i.e., hybrid) process for at least one (1) year.

NOTE: After the Department has verified that one, two, or all references account for (i.e., meet) all experience requirements, the vendor will be deemed to be “responsive” for this mandatory requirement. The references will then be evaluated using the criteria in Attachment G-1, the Evaluation Questionnaire for Past Performance. If none of the references verify that (a-c) have been met, the vendor will be deemed non-responsive and their reply will be rejected.

The same client may not be listed for more than one (1) reference and confidential clients shall not be included. In the event the prospective vendor has had a name change since the time work was performed for a listed reference, the name under which the prospective vendor operated at that time must be provided in the space provided on Attachment G-1, Past Performance - Client References.
Clients that are listed as subcontractors in the response will not be accepted as Past Performance references under this ITN. Entities having an affiliation with the prospective vendor (i.e., currently a parent or a subsidiary having common ownership, having common directors, officers or agents, or sharing profits or liabilities) may not be accepted as Past Performance references under this ITN.

If the vendor is found to be responsive, the Department will attempt to contact the three (3) client references provided by the prospective vendor to complete the Evaluation Questionnaire for Past Performance. If a client reference does not provide an answer for any particular question identified on the questionnaire, the Vendor will receive a score of zero (0) for that question. References should be available for contact during normal business hours, 9:00 AM – 5:00 PM, Eastern Time. The Department will attempt to contact each reference by telephone up to four (4) times based on the contact information provided by the prospective vendor. In the event the contact person, or alternate, indicated cannot be reached following four (4) total attempts, the prospective vendor will receive a score of zero (0) for that reference evaluation. The Department will not attempt to correct contact or any other information provided by the prospective vendor and will not independently attempt to obtain contact information for any client reference.

ALL PAGES of Attachment G-1, Past Performance - Client References, must be returned even if the vendor is not able to provide three (3) separate client references. The reference form should be marked accordingly. This attachment shall be labeled and tabbed separately and should be included with the original reply only. (This section is worth a total maximum of 84 points with each reference eligible to receive a maximum of 28 points.)

FAILURE TO SUBMIT ATTACHMENT G-1, PAST PERFORMANCE - CLIENT REFERENCES, AS REQUIRED, WILL RESULT IN THE REJECTION OF A PROSPECTIVE VENDOR’S REPLY.

2. Sub-item 8., Credential Design Samples, is hereby amended to add c) as follows:

   c) The credential design samples submitted in response to items a) and b), above, are not required to reflect Florida-specific designs, but must be representative of the designs that will ultimately be submitted in the prospective vendor’s reply submission. In addition, the samples must contain/reflect, at a minimum, all security features required in Attachment F, Subsection F.4, Evaluation of Credential Design Samples, and shall be comprised of the same substrate as the cards proposed in the reply submission.

   Item #2

Attachment F., Evaluation Criteria, is hereby amended as follows:

1. Subsection F.1, “Questions” Table, Item B. is hereby amended to now read:

<table>
<thead>
<tr>
<th>B. Does the response include Attachment G-1, Past Performance – Client Reference Form, as required in Attachment E, ITN Reply Submission Requirements and Evaluation Criteria Components, Section E.2, Item A.6., Past Performance – Client References?</th>
</tr>
</thead>
</table>

DHSMV ITN 006-16, Addendum No. 1, Page 2 of 3
2. Subsection F.2, Past Performance Evaluation, is hereby amended to now read:

- Sub-item 1) is hereby deleted in its entirety and replaced with the following:

  If the client references fail to verify that (a) – (c) of Attachment G-1, Past Performance – Client Reference Form, have been met, the vendor will be deemed non-responsive and their reply will be rejected.

- Sub-item 2), the first sentence is hereby amended to now read:

  If the vendor is found to be responsive, past performance will be evaluated based on answers to the questions contained in the Evaluation Questionnaire for Past Performance of Attachment G-1, Past Performance – Client Reference Form.

  **Item #3**

  Attachment G, Past Performance – Client Reference Form, is hereby deleted in its entirety and replaced with Attachment G-1, Past Performance – Client Reference Form, attached hereto and made a part of the ITN. All references in the ITN to Attachment G, shall hereinafter refer to Attachment G-1.

  REMAINDER OF PAGE INTENTIONALLY LEFT BLANK
ATTACHMENT G-1
PAST PERFORMANCE - CLIENT REFERENCE FORM

In the spaces provided below, the prospective vendor shall list all business names under which it has operated during the past three (3) years.

On the following pages, the prospective vendor shall provide the information indicated for three (3) separate and verifiable, Non-DHSMV (Department of Highway Safety and Motor Vehicles) clients. The Vendor may satisfy the following mandatory experience requirements (a-c), below, through a single reference or any combination of references.

a) Print solution-related services as the primary contractor (as opposed to subcontractor) for at least one jurisdiction that complies with AAMVA standards for credential production, and for which the vendor produced at least 500,000 AAMVA-compliant credentials per year for at least one year.

b) Print solution-related services as the primary contractor (as opposed to subcontractor) for at least one jurisdiction that complies with AAMVA standards for credential production, and for which the period of continuous service delivery was at least three (3) years.

c) Print solution-related services as the primary contractor (as opposed to subcontractor) for at least one jurisdiction that complies with AAMVA standards for credential production, and for which credential production service delivery was through an over-the-counter (OTC) process or a combination of OTC and central issuance (i.e., hybrid) process for at least one (1) year.

NOTE: After the Department has verified that one, two, or all references account for (i.e., meet) all experience requirements, the vendor will be deemed to be “responsive” for this mandatory requirement. The references will then be evaluated using the criteria in Attachment G-1, the Evaluation Questionnaire for Past Performance. If none of the references verify that (a-c) have been met, the vendor will be deemed non-responsive and their reply will be rejected.

The same client may not be listed for more than one (1) reference and confidential clients shall not be included. In the event the prospective vendor has had a name change since the time work was performed for a listed reference, the name under which the prospective vendor operated at that time must be provided in the space provided for Vendor’s Name.

Clients that are listed as subcontractors in the response will not be accepted as Past Performance references under this solicitation. Entities having an affiliation with the prospective vendor (i.e., currently a parent or a subsidiary having common ownership, having common directors, officers or agents, or sharing profits or liabilities) may not be accepted as Past Performance references under this solicitation.

If the vendor is found to be responsive, the DHSMV will attempt to contact the three (3) client references provided by the prospective vendor to complete the Evaluation Questionnaire for Past Performance (Page 5 of 5). If a client reference does not provide an answer for any particular question identified on the questionnaire, the Vendor will receive a score of zero (0) for that question. References should be available for contact during normal business hours, 9:00 AM – 5:00 PM, Eastern Time. The DHSMV will attempt to contact each reference by telephone up to four (4) times. In the event the contact person or alternate contact person indicated cannot be reached following four total (4) attempts, the prospective vendor will receive a score of zero (0) for that reference evaluation. The DHSMV will not attempt to correct contact or any other information provided by the prospective vendor and will not independently attempt to obtain contact information for any client reference listed.
Vendor's Name:

Client's Name:

Address:

Primary Contact Person:  Alternate Contact Person:

Primary Phone Number:  Alternate Phone Number:

Primary Fax Number:  Alternate Fax Number:

Contract Performance Period:

Location of Services:

a) Did the prospective vendor provide print solution-related services as the primary contractor (as opposed to subcontractor) for at least one jurisdiction that complies with AAMVA standards for credential production, and for which the vendor produced at least 500,000 AAMVA-compliant credentials per year for at least one year? Yes ☐ No ☐

b) Did the prospective vendor provide print solution-related services as the primary contractor (as opposed to subcontractor) for at least one jurisdiction that complies with AAMVA standards for credential production, and for which the period of continuous service delivery was at least three (3) years? Yes ☐ No ☐

c) Did the prospective vendor provide print solution-related services as the primary contractor (as opposed to subcontractor) for at least one jurisdiction that complies with AAMVA standards for credential production, and for which credential production service delivery was through an over-the-counter (OTC) process or a combination of OTC and central issuance (i.e., hybrid) process for at least one (1) year? Yes ☐ No ☐

Description of the services performed by the prospective vendor for this client:
Vendor's Name: 
Client's Name: 
Address: 

Primary Contact Person:  Alternate Contact Person: 

Primary Phone Number:  Alternate Phone Number: 

Primary Fax Number:  Alternate Fax Number: 

Contract Performance Period: 
Location of Services: 

a) Did the prospective vendor provide print solution-related services as the primary contractor (as opposed to subcontractor) for at least one jurisdiction that complies with AAMVA standards for credential production, and for which the vendor produced at least 500,000 AAMVA-compliant credentials per year for at least one year? Yes ☐ No ☐ 

b) Did the prospective vendor provide print solution-related services as the primary contractor (as opposed to subcontractor) for at least one jurisdiction that complies with AAMVA standards for credential production, and for which the period of continuous service delivery was at least three (3) years? Yes ☐ No ☐ 

c) Did the prospective vendor provide print solution-related services as the primary contractor (as opposed to subcontractor) for at least one jurisdiction that complies with AAMVA standards for credential production, and for which credential production service delivery was through an over-the-counter (OTC) process or a combination of OTC and central issuance (i.e., hybrid) process for at least one (1) year? Yes ☐ No ☐ 

Description of the services performed by the Prospective vendor for this client:
### NON-DHSMV CLIENT #3

<table>
<thead>
<tr>
<th>Vendor's Name:</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Client's Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Contact Person:</th>
<th>Alternate Contact Person:</th>
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<table>
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<tr>
<th>Primary Phone Number:</th>
<th>Alternate Phone Number:</th>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Fax Number:</th>
<th>Alternate Fax Number:</th>
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</tr>
</tbody>
</table>

### Contract Performance Period:

### Location of Services:

a) Did the prospective vendor provide print solution-related services as the primary contractor (as opposed to subcontractor) for at least one jurisdiction that complies with AAMVA standards for credential production, and for which the vendor produced at least 500,000 AAMVA-compliant credentials per year for at least one year?  Yes ☐ No ☐

b) Did the prospective vendor provide print solution-related services as the primary contractor (as opposed to subcontractor) for at least one jurisdiction that complies with AAMVA standards for credential production, and for which the period of continuous service delivery was at least three (3) years?  Yes ☐ No ☐

c) Did the prospective vendor provide print solution-related services as the primary contractor (as opposed to subcontractor) for at least one jurisdiction that complies with AAMVA standards for credential production, and for which credential production service delivery was through an over-the-counter (OTC) process or a combination of OTC and central issuance (i.e., hybrid) process for at least one (1) year?  Yes ☐ No ☐

**Description of the services performed by the prospective vendor for this client:**

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DHSMV ITN 006-16, Attachment G-1, Page 4 of 5
Regardless of how many references are utilized to meet the mandatory requirements (a-c), outlined on Page 1 of 5, all three (3) references will be asked the following questions by the Department, as indicated in Attachment E, ITN Reply Submission Requirements and Evaluation Criteria Components, Section E.2, Item A.6:

<table>
<thead>
<tr>
<th>Score</th>
<th>1. Briefly describe the services the Vendor performed for your organization:</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Did the Vendor meet all of its DL/ID print solution implementation and performance milestones and deadlines? Yes = 3; No = 0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Was the Vendor given any corrective actions plans or similar performance deficiency notices regarding the durability or quality of produced credentials, consumables, equipment or any print related services? Yes = 3; No = 0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. How would you rate the Vendor’s response and resolution to problems or performance deficiencies regarding their produced credentials, consumables, equipment or any print related services? Excellent = 5; Good = 4; Acceptable = 3; Fair = 2; Poor = 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. How would you rate the Vendor’s overall customer service and communication level regarding your DL/ID print solution? Excellent = 5; Good = 4; Acceptable = 3; Fair = 2; Poor = 1</td>
<td></td>
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<tr>
<td></td>
<td>6. Did the Vendor’s project/contract manager effectively manage the day-to-day contract activities/tasks for your DL/ID print solution? Yes = 3; No = 0</td>
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<td></td>
<td>7. Was the Vendor’s staff responsive to direction from your organization regarding your DL/ID print solution? Yes = 3; No = 0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8. Did the vendor maintain the appropriate staffing, equipment and inventory levels to meet their contractual obligations regarding your DL/ID print solution related services? Yes = 3; No = 0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9. Would you contract with this Vendor again for DL/ID print solution related services? Yes = 3; No = 0</td>
<td></td>
</tr>
</tbody>
</table>

**Total Score:**

Reference Verified by: _______________________________________________________

________________________________________________________________________

Name (printed) ___________________________________________________________________

Signature __________________________

DHSMV ITN 006-16, Attachment G-1, Page 5 of 5