## Request for Proposals (RFP)

<table>
<thead>
<tr>
<th>Scope of Service</th>
<th>eHealth Network Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>RFP #</td>
<td>2016RFP-04</td>
</tr>
<tr>
<td>RFP issued by</td>
<td>First Nations Health Authority (FNHA)</td>
</tr>
<tr>
<td>Issue date</td>
<td>May 15, 2015</td>
</tr>
<tr>
<td>Closing date/time</td>
<td>Proposals must be received before 16:00 hours (4:00 pm) Pacific Time on: May 29, 2015</td>
</tr>
<tr>
<td>FNHA Contact Information and Questions</td>
<td>All enquiries related to this RFP including any requests for information, questions, and clarification, are to be directed to the following email address: <a href="mailto:fnha.purchasing@fnha.ca">fnha.purchasing@fnha.ca</a>. FNHA will respond if time permits. Information obtained from any other source is not official and should not be relied upon. Enquiries and any responses will be recorded and may be distributed to all Proponents at the FNHA’s option.</td>
</tr>
<tr>
<td>Delivery of proposals</td>
<td>Four (4) hard copies and one (1) electronic copy (saved on a CD in a Microsoft compatible format) of your proposal must be delivered by hand or courier to the closing location at: First Nations Health Authority, Attention: Procurement &amp; Contracts, 540-757 West Hastings Street, Vancouver, BC, V6C 1A1. Proposal envelopes should be clearly marked with the name and the address of the proponent, the RFP number and the RFP project name. Proposals may not be sent by regular mail, facsimile or email.</td>
</tr>
<tr>
<td>Short Listed Proponents</td>
<td>For those Proponents which have not been contacted by end of business day on June 16, 2015, will serve as notice that their proposal submission was unsuccessful.</td>
</tr>
<tr>
<td>Expected Interview Dates</td>
<td>June 8, 2015 to June 15, 2015</td>
</tr>
<tr>
<td>Successful Proponent Notified</td>
<td>June 19, 2015</td>
</tr>
<tr>
<td>Expected Start Date of Project</td>
<td>June 22, 2015</td>
</tr>
<tr>
<td>Expected End Date of Project</td>
<td>December 31, 2015</td>
</tr>
<tr>
<td>Proponent’s submissions</td>
<td>A person authorized to sign on behalf of the proponent must complete and sign the Proponent Section (below), leaving the rest of this page otherwise unaltered and include the originally-signed and completed page with the first copy of the proposal. The RFP timetable is tentative only and may be changed by FNHA in its sole discretion.</td>
</tr>
</tbody>
</table>

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### Proponent Section to be completed by proponent and included as the “cover page” of the Proponents Response

The enclosed proposal is submitted in response to the above-referenced RFP including any addenda. Through submission of this proposal we agree to all of the terms and conditions of this RFP and agree that any inconsistencies in our proposal will not be considered. We have carefully read and examined the RFP including the Administrative Section and have conducted such other investigations as were prudent and reasonable in preparing the proposal. We agree to be bound by the statements and representations made in our proposal.

<table>
<thead>
<tr>
<th>Signature of Authorized Representative:</th>
<th>Legal Name of Proponent (and Doing Business As Name, if applicable):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name of Authorized Representative:</td>
<td>Address of Proponent:</td>
</tr>
<tr>
<td>Title:</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>Authorized Representative email address (if available):</td>
<td>Authorized Representative phone, fax (if available):</td>
</tr>
</tbody>
</table>
# Request for Proposals – eHealth Network Services

## TABLE OF CONTENTS

1. Summary of the Requirement…………………………………………………………………………………………...3
2. Background, Objective and Scope……………………………………………………………………………………..3
   2.1 Project Background.........................................................................................................................3
   2.2 Business Drivers...............................................................................................................................3
   2.3 Strategic Goals.................................................................................................................................4
   2.4 Scope..................................................................................................................................................4
3. Services.......................................................................................................................................................4-5
4. Deliverables................................................................................................................................................5
5. Responsibility and Work performed by FNHA Staff................................................................................5
6. Evaluation....................................................................................................................................................6
   6.1 Mandatory Criteria............................................................................................................................6
   6.2 Desired Criteria.................................................................................................................................6
   6.3 Evaluation Scoring..............................................................................................................................7
   6.4 Short Listed Proponents......................................................................................................................7
7. Proposal Format...........................................................................................................................................7-8
   Appendix A – Overview of the FNHA......................................................................................................9-10
   Appendix B – Definitions and Administration Requirements .............................................................11-13
   Appendix C – Receipt Confirmation Form..............................................................................................14
   Appendix D – Technical Environment.....................................................................................................15-16
   Appendix E – Evaluation Criteria, Corporate Strength..........................................................................17
   Appendix F – Evaluation Criteria, Financial............................................................................................17
   Appendix G – Evaluation Criteria, Service Requirement.........................................................................17
1. Summary of the Requirement

The First Nations Health Authority (FNHA) requires the services of a solution provider assist in the Innovation and Information Management (IIMS) department with the architecture, design, implementation and administration of computer networks in support of the eHealth initiatives being taken by FNHA to bring technology enabled and digital information driven Healthcare values and positive outcomes to the First Nation Communities.

The successful proponent will:
- Work collaboratively with FNHA on the network architecture, and design
- Implement network solutions on the direction of FNHA IIMS department’s staff and projects
- Consult the FNHA staff on the relevant technology solutions in the industry
- Train FNHA staff to design, implement and administer the network solutions

The terms and conditions applicable to this RFP are identified in Appendix A – Definitions and Administrative Requirements. Submission of a proposal in response to this RFP indicates acceptance of all terms and conditions that are included in Appendix A, and any addenda subsequently issued by the FNHA. Provisions in proposals that contradict any of the terms of this RFP will be as if not written and do not exist.

2. Background, Objective and Scope

2.1 Project Background

EHealth is a comprehensive strategy in FNHA to enable improved health and wellness outcomes throughout the First Nations communities by implementing electronic information management and telehealth programs in the communities.

Telehealth is the delivery of health care/ wellness services and education at a distance through live, interactive videoconferencing technology. This technology enhances access to health/wellness services and education regardless of geography e.g. you may be able to see a doctor or other specialist in another city from your own health centre in your own community.

The First Nations Health Authority is currently implementing Wave 1 communities of the First Nations Telehealth Expansion Project (FNTEP). The Telehealth Expansion Team is working with our partners to deliver on the Transformative Change Accord: First Nations Health Plan, Action Item #23: create a fully integrated clinical telehealth network’.

Deployment of Telehealth equipment such as clinical carts and peripherals to support access to primary care, specialty services, timely assessment, care coordination and diagnosis along with, board room based video conferencing for health promotion/wellness and education to 45 First Nations communities is well in flight. This project is a joint initiative with Canada Health Infoway and the B.C. Ministry of Health.

2.2 Business Drivers

- Implement effective mechanisms to integrate planning and delivery of high quality health services to BC First Nation individuals, families and communities
- Action Item #23 in Transformative Change Accord: First Nations Health Plan “Build a fully integrated clinical Telehealth network”
- Connect communities with clinical and wellness Telehealth services
- Implement electronic medical management systems and services
- Implement sustainable digital health-grade networks to the communities to utilize the electronic systems
2.3 Strategic Goals

Recognizing the above drivers, FNHA seeks to select a strategic partner to work with to achieve the following high-level business goals:

a) Design and Develop digital networks that:
   a. Meets or exceeds the healthcare security and privacy standards
   b. Modern, innovative and sustainable
   c. Relevant to the geographical diversity of British Columbia and the First Nations Communities
   d. Align with the digital networks of Regional Health Authorities and other health partners in the Province of B.C

2.4 Scope

- Network Architecture and Planning to support eHealth initiatives
- Network design and implementation of WAN technologies including, MPLS, DMVPN, Satellite, Microwave, and Wireless.
- Network design and implementation of optimization and compression technologies.
- Network Security Design
- Design, implementation and deployment of new network technologies such as VCS (Video Conferencing Services), VCS-C, VCS-E, MCU, TMS.
- Design and implementation of network interoperation for unified communication technologies such as VoIP, Presence, Instant Messaging
- Design and implementation of network interoperation for clinical devices and carts
- Design and implementation of relevant network management and monitoring solutions
- Optimization of digital wide area and local area networks for optimal clinical performance
- Design of inter connected digital networks with other Provincial Health Authorities and other Public and Private Partners

3. Services

The successful proponent will collaborate with FNHA’s Innovation and Information Management Services department the architecture, design, implementation and administration of digital networks in support of the eHealth initiatives of FNHA.

These Services will include, but not be limited to the following:

1. Implementation of solutions to operate within FNHA’s technical environment, outlined in Appendix D - Technical Environment.
2. Support the development and implementation of a solution which meets the criteria identified in Appendix E through G - Requirements.
3. Supply a team of resources with the required experience and subject matter expertise (business and technical) to advise the FNHA and successfully deploy the solution according to its schedule and budget constraints.
4. Lead regularly scheduled status meetings and provide weekly (or as agreed to) written status reports (using MS Word/Excel) summarizing deliverables achieved/remaining, progress to date,
Request for Proposals – eHealth Network Services

expected delivery due dates of each as well as issues and concerns affecting specific deliverables, schedule or any other aspect of the project.

5. Provide comprehensive and high-quality documentation critical to the success of the project for knowledge transfer and audit purposes. For each of the deliverables as detailed in the “Deliverables” section below, the Proponent will provide written reports and related documentation using MS Word.

4. Deliverables

Following industry best practices, the successful Proponent will work with the FNHA project team and stakeholders to deliver the anticipated project components:

1. Network Architecture and Design documentation
2. Network Solutions documentation
3. Network deployment and migration plans
4. Network testing plans and acceptance criteria
5. Network setup and configurations
6. Network administration manuals
7. Network setup and administration training documents
8. Knowledge transfer to FNHA staff on network designs, implementation and operational support knowledge
9. Report on the progress and completion of major tasks
10. Reporting: The resources will report to the Manager or Project Manager of the eHealth department.
11. Provide a Bi-Weekly timesheet outlining the work completed for review and approval by FNHA Supervisor.

5. Responsibility and Work Performed by FNHA Staff

The successful proponent will:

a) Have the full cooperation of First Nations Health Authority staff and access to information necessary to meet the accountabilities set out in this request for proposal and respond to reasonable inquiries.
b) A Bi-Weekly timesheet outlining the work completed for review and approval by FNHA supervisor

The FNHA will:

a) Provide a reasonable level of resources (human and financial resources) to the successful proponent to meet the accountabilities set out in this request for proposal.
b) Be responsible for, and provide overall project management for eHealth initiative
c) Procure facilities, equipment, services and system upgrades as needed;
d) Approve of deliverables completed by the Proponent and associated payments.
6. Evaluation

An evaluation committee will be formed by the FNHA and may include employees of the FNHA. All personnel will be bound by the same standards of confidentiality.

The mandatory and desirable criteria against which proposals will be evaluated are identified below. Proponents should ensure that they fully respond to all criteria in order to be comprehensively evaluated.

The FNHA may request and receive clarification from any Proponent when evaluating a proposal. The evaluation committee may invite some or all of the Proponents to appear before the committee in order to clarify their proposals. In such event, the evaluation committee may consider such clarifications in evaluating proposals.

6.1 Mandatory Criteria

Proponent responses must clearly demonstrate that they meet the following mandatory criteria or they will be excluded from further consideration during the evaluation process:

a) The Proponents proposal must be received at the closing location before the specified closing time;
b) The Proponents proposal must be in English and MUST NOT be sent by regular mail, facsimile or email;
c) Proponents must submit four (4) hard copies and one (1) electronic copy (saved on a CD in a Microsoft compatible format) of their proposal to the following address:

First Nations Health Authority
Attention: Contracts
540-757 West Hastings Street
Vancouver, BC V6C 1A1

d) Proponents must submit one (1) Request for Proposals cover page, with the Proponent Section in its original form, unaltered, fully completed and signed;
e) Description of the Proponents organization, size and structure. Indicate if appropriate, if the Proponent is a small or minority-owned business;

6.2 Desired Criteria

Capability of the Individuals and/or Team, including:

a) Location of the proponent (s);
b) Years and types of experience. Please also provide a description of prior experience, including the following:
   i. Names;
   ii. Addresses;
   iii. Contact persons;
   iv. Telephone numbers;
c) The type of assistance that will be required from the FNHA staff;
d) The availability of the proponent’s resources (IE staff) to ensure that deadlines are met in a timely manner;
e) Price. A detailed description of price, including: Fees, Expenses, GST, PST, any additional taxes, and Freight;
f) Work Experience – working with First Nations organizations and/or First Nations; and

FNHA procurement activities will be governed to ensure all vendors are treated fairly and have equal access to procurement activities; to the extent possible preference in awarding contracts will be given to First Nation organizations and/or First Nation individuals.
6.3 Evaluation Scoring

Once the following two requirements are met, the responses will be evaluated based on the evaluation criteria table below:

1) All responses must satisfy the Regulatory and Security Environments described herein to be considered.
2) The responses must pass all the mandatory criteria to be considered. Responses not satisfactorily meeting all mandatory requirements may be excluded from further evaluation at the discretion of the evaluation committee.

3)

<table>
<thead>
<tr>
<th>Evaluation Criteria</th>
<th>Description</th>
<th>Weight</th>
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<tbody>
<tr>
<td>1.0 Corporate Strength (See Appendix E)</td>
<td>Proponents must demonstrate that they are positioned so that services and support can be provided to FNHA over the long term.</td>
<td>12.0%</td>
</tr>
<tr>
<td>2.0 Financial (See Appendix F)</td>
<td>Proponents are to provide the solution that provides the best value for FNHA’s investment, and provides the required services and functionality for the lowest total cost of ownership.</td>
<td>20.0%</td>
</tr>
<tr>
<td>3.0 Service Requirements (See Appendix G)</td>
<td>Proponents are to demonstrate, in detail, how the proposal will meet all of FNHA’s service requirements.</td>
<td>50.0%</td>
</tr>
<tr>
<td>4.0 Presentation</td>
<td>An evaluation of the presentation will be used to further evaluate the prospective vendor.</td>
<td>18.0%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

‘Value Added’ components will be taken into consideration; Proponents are invited to provide additional project value add-ons above and beyond the described project requirements and scope.

18% of the evaluation will be based on the presentation. This may include usability, quality of the presentation, question and answer sessions.

6.4 Short Listed Proponents

The short-list will comprise the three highest-ranked Proponents based on the weightings for the desirable criteria.

Proponents which are short listed may be requested to interview in person, and/or teleconference, with the assessment panel to discuss certain aspects of their submitted proposal.

7. Proposal Format

The following format, sequence, and instructions should be followed in order to provide consistency in Proponent response and to ensure that each proposal receives full consideration. All pages should be consecutively numbered, and as follows:

a) One (1) unaltered and completed Request for Proposals cover page, including Proponent Section completed in original form as per instructions;

b) Table of contents including page numbers;

c) A short (one or two page) summary of the key features of the proposal;
d) The body of the proposal, including pricing, i.e. the “Proponent Response” and A detailed description of all costs associated with the requirements listed in this RFP; and

e) The completed RFP response workbook using the specified response template. This is to be submitted electronically and in print.

f) A detailed description of all costs associated with the requirements listed in this RFP.

Proponents are to provide their response electronically by DVD and also in print (3 copies).
Appendix A - Overview of the FNHA

The First Nations Health Authority

The first and only provincial First Nations Health Authority in Canada. Transforming health services for First Nations and Aboriginal people in BC.

Why a First Nations Health Authority?

Statistically significant health disparities exist for First Nations people in BC and across Canada with health outcomes that consistently lag behind those of other Canadians. The First Nations Health Authority aims to reform the way health care is delivered to BC First Nations to close these gaps and improve health and wellbeing.

A New Relationship with our Partners

BC First Nations, the Province of BC, and the Government of Canada have all determined that First Nations health disparities are no longer acceptable. A New Relationship between these Tripartite Partners was forged and a series of precedent-setting agreements led to the creation of a First Nations Health Authority. The FNHA is mandated by two health agreements (the Transformative Change Accord: First Nations Health Plan [2006], and the Tripartite First Nations Health Plan [2007] – collectively “the Health Plans”), the BC Tripartite Framework Agreement on First Nation Health Governance [2011] and resolutions at the annual Gathering Wisdom events and the Framework Agreement.

In 2013, the First Nations Health Authority assumed responsibility for the design and delivery of health programs and services for BC First Nations formerly delivered by Health Canada’s First Nations Inuit Health Branch – Pacific Region. The FNHA has a broad mandate to improve health services for BC First Nations through new partnerships, closer collaboration, and health systems innovation.

Making History Today and Tomorrow

As the First Nations Health Authority has assumed responsibility for the historic transfer of programs, resources, assets, staff, and responsibilities, we are developing an organization that reflects First Nations culture and philosophy. Establishing a strong foundation prepares us to innovate, transform, and redesign health service delivery with guidance from BC First Nations in the coming years.

Responsive, Visionary, Transformative

The First Nations Health Authority is part of a unique health governance structure that includes political representation and advocacy through the First Nations Health Council, and technical support and capacity development through the First Nations Health Directors Association. Collectively, this First Nations health governing structure works in partnership with BC First Nations to achieve our shared vision.

The mandate of the FNHA is to:

- Plan, design, manage, deliver and fund the delivery of First Nations Health Programs in British Columbia;
- Receive federal, provincial and other health funding for or to support the planning, design, management and delivery of First Nations Health Programs and to carry out other health and wellness related functions;
Request for Proposals – eHealth Network Services

- Collaborate with the BC Ministry of Health and BC Health Authorities to coordinate and integrate their respective health programs and services to achieve better health outcomes for First Nations in British Columbia;
- Incorporate and promote First Nations knowledge, beliefs, values, practices, medicines and models of health and healing into the First Nations Health Programs, recognizing that these may be reflected differently in different regions of BC;
- Be constituted with good governance, accountability, transparency and openness standards;
- Establish standards for First Nations Health Programs that meet or exceed generally accepted standards;
- Collect and maintain clinical information and patient records and develop protocols with the BC Ministry of Health and the BC Health Authorities for sharing of patient records and patient information, consistent with law;
- Over time, modify and redesign health programs and services that replace Federal Health Programs through a collaborative and transparent process with BC First Nations to better meet health and wellness needs;
- Design and implement mechanisms to engage BC First Nations with regard to community interests and health care needs;
- Enhance collaboration among First Nations Health Providers and other health providers to address economies of scale service delivery issues to improve efficiencies and access to health care;
- Carry out research and policy development in the area of First Nations health and wellness;
- The FNHA may undertake other functions, roles and responsibilities connected to health and wellness of First Nations and other aboriginal people in BC.

The FNHA is governed by a nine member Board of Directors who collectively brings years of experience in First Nations health, community development, financial management and political expertise at all levels of government. The Board provides leadership and oversight for all corporate activities of the FNHA.

The FNHA was created in conjunction with the First Nations Health Council, providing support services while the political consensus was being built among BC First Nations. As a result, the FNHA website – http://www.fnha.ca uses the FNHC name. For more information please visit the website or contact us at: info@fnha.ca.
Appendix B - Definitions and Administrative Requirements

1. Definitions

Throughout this Request for Proposals, the following definitions apply:

a) “Contract” means the written agreement resulting from this Request for Proposals executed by the FNHA and the Contractor;
b) “Contractor” means the successful proponent to this Request for Proposals who enters into a written Contract with the FNHA;
c) “the FNHA” means the First Nations Health Authority;
d) “must” or “mandatory” means a requirement that must be met in order for a proposal to receive consideration;
e) “Proponent” means an individual or a company that submits, or intends to submit, a proposal in response to this Request for Proposals;
f) “Request for Proposals” or “RFP” means the process described in this document; and
g) “Should” or “desirable” means a requirement having a significant degree of importance to the objectives of the Request for Proposals.

2. Terms and Conditions

The following terms and conditions will apply to this RFP. Submission of a proposal in response to this RFP indicates acceptance of all terms that follow and that are included in any addenda issued by the FNHA. Provisions in proposals that contradict any of the terms of this RFP will be as if not written and do not exist.

3. Additional Information Regarding the RFP

Proponents are advised to fill out and return the attached Receipt Confirmation Form. All subsequent information regarding this RFP including changes made to this document will be posted on the following websites: BC Bid at www.bcbid.gov.bc.ca; MERX at www.merx.com; and FNHA at www.fnha.ca. It is the sole responsibility of the Proponent to check for amendments on these websites.

4. Late Proposals

Proposals will be marked with their receipt time at the closing location. Only complete proposals received and marked before closing time will be considered to have been received on time. Late proposals will not be accepted and will be returned to the Proponent. In the event of a dispute, the proposal receipt time as recorded at the closing location shall prevail.

5. Eligibility

Proposals may not be evaluated if the current or past activities or interests of the Proponent, or any sub-contractors proposed by the Proponent, may, in the FNHA’s opinion, give rise to an unresolved conflict of interest in connection with the project described in this RFP. This includes but is not limited to, involvement by a Proponent or any proposed sub-contractors in the preparation of this RFP. If a Proponent is in doubt as to whether there might be a conflict of interest, the Proponent should consult with the FNHA Contact Person identified in this RFP.

Proposals from not-for-profit agencies will be evaluated against the same criteria as those received from any other Proponents.

6. Evaluation

Evaluation of proposals will be by a committee formed by the FNHA and may include employees and contractors of the FNHA. All personnel will be bound by the same standards of confidentiality. The FNHA’s intent is to enter into a Contract with the Proponent who has the highest overall ranking based upon such an evaluation.

7. Negotiation Delay

If a written Contract cannot be negotiated within thirty days of notification of the successful Proponent, the FNHA may at its sole discretion at any time thereafter, terminate negotiations with that Proponent and either negotiate a Contract with the next qualified Proponent or choose to terminate the RFP process and not enter into a Contract with any of the Proponents.

8. Debriefing

At the conclusion of the RFP process, all Proponents will be notified. Unsuccessful Proponents may request a debriefing meeting with the FNHA.

9. Alternative Solutions

If alternative solutions are offered, please submit the information in the same format, as a separate proposal.

10. Changes to Proposals

By submission of a clear and detailed written notice, the Proponent may amend or withdraw its proposal prior to the closing date and time. Upon closing time, all proposals become irrevocable. The Proponent will not change the wording of its proposal after closing and no words or comments will be added to the proposal unless requested by the FNHA for purposes of clarification.

11. Proponents’ Expenses

Proponents are solely responsible for their own expenses in preparing a proposal and for subsequent negotiations with the FNHA, if any. If the FNHA elects to reject all proposals, the FNHA will not be liable to any Proponent for any claims, whether for costs or damages incurred by the Proponent in preparing its proposal, loss of anticipated profit in connection with any final Contract, or any other matter whatsoever.

12. Limitation of Damages

Further to the preceding paragraph, by submitting a proposal, the Proponent agrees that it will not claim damages for whatever reason relating to the Contract or in respect of the competitive process, in excess of an amount equivalent to the reasonable costs incurred by the Proponent in preparing its proposal. Furthermore, by submitting a proposal the Proponent waives any claim for loss of profits if no Contract is made with the Proponent.
Request for Proposals - eHealth Network Services

13. Proposal Validity
   Proposals will be open for acceptance for at least 120 days after the closing date.

14. Firm Pricing
   Prices will be firm for the entire Contract period unless this RFP specifically states otherwise.

15. Currency and Taxes
   Prices quoted are to be in Canadian dollars, inclusive of duties where applicable; FOB destination with delivery charges included where applicable, and exclusive of the Goods and Services Tax (GST).

16. Completeness of Proposal
   By submitting a proposal, the Proponent warrants that if this RFP is to design, create or provide a system or manage a program, all components required to run the system or manage the program have been identified in the proposal or will be provided by the Contractor at no charge.

17. Sub-Contracting
   The use of a sub-contractor must be clearly defined in the proposal. This includes a joint submission by two Proponents having no formal corporate links. In such a case, one of the Proponents must be prepared to take overall responsibility for successful performance of the Contract and this must be clearly defined in the proposal.

   Where applicable, the names of approved sub-contractors listed in the proposal will be included in the Contract. No additional sub-contractors will be added nor other changes made, to this list in the Contract without the written consent of the FNHA.

18. Acceptance of Proposals
   This RFP should not be construed as an agreement to purchase goods or services. The FNHA is not bound to enter into a Contract with the Proponent who submits the lowest priced proposal, or with any Proponent. Proposals will be assessed in light of the evaluation criteria. The FNHA will be under no obligation to receive further information, whether written or oral, from any Proponent.

   Neither acceptance of a proposal nor execution of a Contract will constitute approval by the FNHA of any activity contemplated in any proposal that requires any approval, permit, or license pursuant to any federal, provincial, regional district or municipal statute, regulation or by-law.

19. Definition of Contract
   Notice in writing to a Proponent that it has been identified as the successful Proponent and the subsequent full execution of a written Contract will constitute a Contract for the goods or services. No Proponent will acquire any legal or equitable rights or privileges relative to the goods or services until the occurrence of both such events.

20. Contract
   By submission of a proposal, the Proponent agrees that should its proposal be successful, the Proponent will enter into a Contract with the FNHA on the terms set out in Appendix C.

21. Contract Negotiation and Award
   Following the evaluation and recommendation of the Evaluation Committee, the First Nations Health Authority may select one or more Proponents to enter into negotiations for a Contract or Contracts as follows:
   (a) The First Nations Health Authority may elect to divide the Services into more than one Contract, and enter into negotiations with a Proponent with respect to a portion of the Services, and award more than one Contract with respect to the Services;
   (b) If negotiations with any Proponent are not successful within such time period as the First Nations Health Authority may require, the First Nations Health Authority may at any time after the expiry of such time period discontinue further negotiation with that Proponent by written notice to the Proponent, and the First Nations Health Authority may at any time thereafter commence negotiations with another Proponent to finalize a Contract in accordance with the foregoing process with another Proponent. The foregoing process may be undertaken and/or repeated until either a Contract or Contracts are awarded by the First Nations Health Authority or until negotiations have been terminated by the First Nations Health Authority; and
   (c) FNHA reserves the right to negotiate additional services of a similar functional or technological nature from the successful Proponent without further competitive procurements.

22. Liability for Errors
   While the FNHA has used considerable efforts to ensure information in this RFP is accurate, the information contained in this RFP is supplied solely as a guideline for Proponents. The information is not guaranteed or warranted to be accurate by the FNHA, nor is it necessarily comprehensive or exhaustive. Nothing in this RFP is intended to relieve Proponents from forming their own opinions and conclusions with respect to the matters addressed in this RFP.

23. Modification of Terms
   The FNHA reserves the right to modify the terms of this RFP at any time in its sole discretion. This includes the right to cancel this RFP at any time prior to entering into a Contract with the successful Proponent.

24. Ownership of Proposals
   Proposals submitted to the FNHA become the property of the FNHA. They will be received and held in confidence by the FNHA.
25. **Use of RFP**
   Any portion of this document or any information supplied by the FNHA in relation to this RFP may not be used or disclosed for any purpose other than for the submission of proposals. Without limiting the generality of the foregoing, by submitting a proposal, the Proponent agrees to hold in confidence all information supplied by the FNHA in relation to this RFP.

26. **No Lobbying**
   Proponents must not attempt to communicate directly or indirectly with any employee, contractor or representative of the FNHA, including the evaluation committee and any officials of the FNHA, or with members of the public or the media, about the project described in this RFP or otherwise in respect of the RFP, other than as expressly directed or permitted by the FNHA.

27. **Collection and Use of Personal Information**
   Proponents are solely responsible for familiarizing themselves, and ensuring that they comply, with the laws applicable to the collection and dissemination of information, including resumes and other personal information concerning employees and employees of any sub-contractors. If this RFP requires Proponents to provide the FNHA with personal information of employees who have been included as resources in response to this RFP, Proponents will ensure that they have obtained written consent from each of those employees before forwarding such personal information to the FNHA.
Appendix C - Receipt Confirmation Form

RFP - eHealth Network Services
Request for Proposals # 2016RFP-04

Please fill out this form in order to advise the FNHA that you intend to submit a proposal for this RFP

FNHA CONTACT INFORMATION AND QUESTIONS: All enquiries related to this RFP including any requests for information, questions, and clarification, are to be directed to the following email address: fnha.purchasing@fnha.ca

CLOSING DATE/TIME OF RFP: Proposals must be received before May 29 2015, 16:00 hours (4:00 pm) Pacific Time.

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR FIRM AND FAX TO (604) 689-1177:

Company: ______________________________________________________________
Street Address: __________________________________________________________________
City: __________________________ Postal/ZIP Code: _______________
Province/State: __________________________ Country: ______________________
Mailing Address, if different: ____________________________________________________________________________
Phone Number: (___)___________________ Fax Number: (___)______________
Contact Person: ______________________________________________________________
Title: __________________________________________________________________________
Email Address: __________________________________________________________________________
Productivity Tools

- Workstation configurations vary throughout the FNHA, particularly in the Health Community Centres. At a minimum, workstations have at least a 2.0 GHz processor and 2-4 GB of RAM.

Infrastructure and Network

- The Data Centre will support MS Server 2012 R2, MS SQL Server 2012, MS Hyper-V 2012 R2, and Exchange 2013.
- Major sites Park Royal, Sinclair, and Navigata have redundant 100M MPLS links. Other major sites Prince George, Melville, Alberni, UK Building in Vancouver, Kamloops, and Victoria have single MPLS links running at 10M, 20M, 30M, and 100M.
- Remote community sites are connecting through VPN running at various speeds.
- All corporate machines will be managed by FNHA’s Active Directory structure.
- FNHA has network technologies primarily from Cisco. This includes:
  - Core Switches and Data Centre Switches
  - Branch switches
  - VPN head ends
  - Firewalls and security appliances
  - WLAN controllers
  - Routers
  - Unified Communication Infrastructure (MCS, TMS, VCS-C)
  - DMVPN devices
  - Wi-Fi Access Points

Regulatory and Security Environment

- FNHA is subject to administrative, operational and legislative requirements including but not limited to: Records Retention: Law and Practice, Document Disposal Act, BC’s Personal Information Protection Act (PIPA), E-Health (Personal Health Information Access and Protection of Privacy) Act, Medicare Protection Act, Public Health Act, Health Professions Act, and the BC Society Act.
- FNHA will adhere to best practices including its: Records and Information Management Directive and procedures; Information Privacy and Confidentiality Policy and procedures; Information Security Policy and procedures.
- FNHA will employ stringent privacy and security policies and practices to data, network and application management and administration.

Organizational Structural Environment

- The FNHA consists of approximately 500 employees, including the following organizational groups: Human Resources, Finance, Corporate Services, Innovation and Information Management Services (IIMS), CEO’s Office, Policy, Planning and Community Services (PPCS), Health Benefits, and Health Services to support various health initiatives (Environmental Health, Nursing, Health Protection and Promotion, Educational and Prevention Programs, Community Health and Wellness, etc.).
Request for Proposals - eHealth Network Services

- Corporate Head Offices/Vancouver Head Quarters: Four locations in the Vancouver Lower Mainland house approximately 350 employees.
- Environmental Health Field Offices, Regional FNHA Offices and Health Stations/Community Health Centres: There are approximately 50 facilities regionally and in First Nations communities throughout British Columbia with approximately 100 employees. These facilities range in function from small information and education facilities to those that provide a full range of clinical services. These sites can be rural with limited technology and telecommunication services.
Request for Proposals - eHealth Network Services

Appendix E - Evaluation Criteria, Corporate Strength

See Spreadsheet

Appendix F - Evaluation Criteria, Financial

Appendix G - Evaluation Criteria, Service Requirements

Appendix H - Service Roles

Appendix I - Pricing Sheet