

## NOTICE TO PROVIDERS OF PROFESSIONAL SERVICES

### Project Title: Hawaii State Digital Archives

Hawaii State Archives anticipates the need for professional services primarily in the occupational series contained in the U.S Personnel Management's (OPM) Qualifications Handbook for Professional and Scientific Positions under GS-1420 Archivist. This series covers positions that manage the collection, appraisal, analysis, or synthesis of records having historical or archival values.

The Hawaii State Archives, Department of Accounting and General Services is seeking a qualified archivist to provide professional services to serve as project consultant and provide oversight on the digital archives project that ensures the system is designed, built and implemented in accordance with international standards and current best practices for long term, trustworthy preservation of digital records while also serving as the subject matter expert on issues relating to digital preservation systems. The consultant will also interface with the Archives staff, agency project partners, State IT staff and the public to ensure that the functional requirements and satisfaction criteria are documented and achieved. Digital archives protect machine readable records of enduring legal, historical or fiscal value from loss, alteration, deterioration and technological obsolescence in an environment independent from that which produced the record

Hawaii State Archives is seeking a qualified archivist to submit statements of qualification to provide digital archives project management expertise for a one (1) year contract with two (2) additional one (1) year periods beginning July 1, 2012.

Interested candidates must be in good standing to provide mentioned services in the State of Hawaii. Responders to this solicitation must have Archives and Information Technology training and experience in:

1. Building trusted digital archives/digital repository.
2. Managing digital archives.
3. Managing projects in a state government environment.
4. Design and implementation of a disaster recovery plan for digital archives.
5. Managing information technology projects and leading a software development team and archivists/records managers.
6. Redesigning business process and managing organizational change.
7. Establishing policies and guidelines for submission of electronic records to digital archives and best practices guides in managing electronic records.
8. Establishing best practices guides in managing electronic records.
9. Reviewing statutes and making recommendations regarding legislation to support electronic records management/digital archiving.
10. Training archives staff and records creators and managers, and information technology staff regarding electronic records management.

### DEADLINE FOR SUBMITTALS

The deadline for qualified professionals to submit Statements of Interest as described under SUBMITTAL REQUIREMENTS is: **2:00 P.M., Hawaii Standard Time, Thursday, May 31, 2012.**

Delivery of Submittal: Submittals shall be mailed or hand delivered; **submittals transmitted via electronic mail or facsimile will not be accepted**. Applicants must submit current statements of qualifications and expressions of interest to:

Hawaii State Archives  
364 South King Street  
Honolulu, HI 96813  
Attn: Gina Vergara-Bautista

### **SUBMITTAL REQUIREMENTS**

Interested parties are invited to submit current statements of qualifications and expressions of interest to the Hawaii State Archives; such statements shall include but not be limited to the following:

1. Transmittal Letter (a cover letter preferably on the firm's letterhead), dated and signed by an authorized representative of the firm.
2. Statement of Qualifications Questionnaire for Hawaii State Digital Archives.

Interested parties shall submit one (5) original statements of interest described above to: Hawaii State Archives, 364 S. King Street, Honolulu, Hawaii 96813.

All questions pertaining to this solicitation may be directed to: Gina Vergara-Bautista, Hawaii State Archive, email: [gina.s.vergara-bautista@hawaii.gov](mailto:gina.s.vergara-bautista@hawaii.gov), telephone (808)586-0323.

### **GENERAL INFORMATION**

Under the requirements of §103D-304, Hawaii Revised Statutes (HRS) such professional services are subject to competitive selection.

#### Qualified List

Qualified responders to this solicitation will be placed on a list to provide such services and will be considered for selection in accordance with §103D-304, HRS.

#### Confirmation of Receipt

Confirmation that the responder has been qualified for this professional service request for shall be emailed within four (4) weeks after the deadline of submittals.

#### **Selection Criteria and Award:**

Criteria employed in descending order of importance are:

1. Experience and professional qualifications relevant to the project type,
2. Past performance on projects of similar scope for public agencies or private industry, including corrective actions and other responses to notices of deficiencies,
3. Capacity to accomplish the work in the required time, and
4. Any additional criteria determined in writing by the selection committee to be relevant to the Hawaii State Archives' needs or necessary and appropriate to ensure full, open, and fair competition for professional services contracts which may include the Applicant's billing rates

and any other applicable cost factors.

The committee may conduct confidential discussions with any firm on the qualified list regarding the services which are required and the services they are able to provide. Qualified firms may be asked to submit additional information specific to the anticipated project at that time. In conducting discussions, there shall be no disclosure of any information derived from the competing professional service offerors.

Award(s) if any, will be posted online at:

<http://www4.hawaii.gov/professionalservices/ShowProf.cfm>

### **Contract/Contract Terms**

If selected for a project, Contractor is required to enter into a contract with the Department of Accounting and General Services. The contract period may be for the current fiscal year only, or may include optional provisions to extend the contract for up to 2 additional years (for a total contract period of 3 years), but will be determined as appropriate for the project, and dependent upon available funding.

The "General Conditions for Goods and Services, Form AG-008" for such contracts can be viewed at:

[http://www4.hawaii.gov/bidapps/general\\_terms.cfm](http://www4.hawaii.gov/bidapps/general_terms.cfm)

In addition, upon award of the contract, Contractor shall furnish a certificate of insurance in accordance with the following minimum insurance coverage and limits: (1) General liability (GL) shall be no less than \$1 million per occurrence and \$2 million in the aggregate (the maximum amount paid for claims during a policy term), and (2) automobile (auto) insurance shall be no less than \$1 million per accident. The Department of Accounting and General Services may also require other types of insurance, or that the Hawaii State Archives be named as additionally insured on the Contractor's policy(ies), if determined appropriate for the type of contracted service and project.

### **Vendor Certificates Required**

The Contractor should be prepared to produce the below listed certificates as proof of compliance with §3-122-112, HAR. **The certificates are not required at this time;** Contractor will be notified in writing when certificates must be submitted.

1. Original Tax Clearance Certificate issued by the State of Hawaii Department of Taxation;
2. Certificate of Compliance (regarding Unemployment Insurance, Workers' Compensation, Temporary Disability Insurance, and Prepaid Health Care) issued by the State of Hawaii Department of Labor and Industrial Relations; and
3. Certificate of Good Standing issued by the State of Hawaii Department of Commerce and Consumer Affairs

OR

In lieu of Items 1, 2, and 3 above, the firm may also submit an original consolidated CERTIFICATE OF VENDOR COMPLIANCE as issued by the State Procurement Office via the online system, "Hawaii Compliance Express". Details regarding this online application process can be viewed at: <http://vendors.ehawaii.gov/hce/>

## Statement of Qualifications Questionnaire for Hawaii State Digital Archives

The statement shall include the following at a minimum:

1. General Information:
  - Individual/Firm Name:
  - Business Address:
  - Business Telephone Number(s):
  - Business Fax Number(s):
  - URL for individual/firm website:
  - Number of years the firm has been in business and its average number of employees over the past five (5) years:
  - Contact Persons:
    - Name:
    - Position:
    - Telephone Number:
    - Fax number:
    - Email address:
  - Names of Principals of the firm who will be responsible for contract performance:
  - Description and Background of individual/firm:
  
2. Experience and Qualification of Individual/Firm
 

Enter number of years of experience in areas listed below that you/your firm has direct experience and available staff with excellent skills.

DESCRIPTION	Years of Experience
1. Archives and Computer Science/Information Technology training and experience.	
2. Building trusted digital archives/digital repository.	
3. Managing digital archives.	
4. Managing projects in a state government environment.	
5. Design and implementation of a disaster recovery plan for digital archives.	
6. Information Technology project management leading a software development team and archivists/records managers.	
7. Business Process redesign and organizational change management.	
8. Establishing policies and guidelines for submission of electronic records to digital archives and best practices guides in managing electronic records.	
9. Reviewing statutes and making recommendations regarding legislation to support electronic records management/digital archiving.	
10. Training archives staff and records creators and managers, and information technology staff regarding electronic records management.	

Personal History Statement of Principal/Partners of the Firm

Name:

Position with Firm:

Years of Experience:

Education (College, Degree, Year, Specialization):

Membership in Professional Organizations:

Specialized training received internally or externally from the Firm within the last five (5) years:

Responsibilities on previous similar-type of engagements in the eleven areas listed above:

Personal History Statement of Management and Staff with Skills and Experience Relevant to the Areas Listed above:

Personal History Statement of Management and Staff with Skills and Experience Relevant to Eleven the Areas listed above.

Name:

Title:

Major Responsibilities with the Firm:

Years of Experience:

Education (College, Degree, Year, Specialization):

Membership in Professional Organizations:

Specialized training received internally or externally from the Firm within the last five (5) years:

Previous work experience over the last five (5) years relevant to the eleven areas listed above:

3. References:

List a minimum of five (5) references who may be contacted, including at least two (2) for whom services were rendered during the preceding five (5) years:

1. Client Name:

Client Contact Person:

Client Telephone Number:

Client Email Address:

Description of Services Provided:

2. Client Name:

Client Contact Person:

Client Telephone Number:

Client Email Address:

Description of Services Provided:

3. Client Name:

Client Contact Person:

Client Telephone Number:

Client Email Address:

Description of Services Provided:

4. Client Name:  
Client Contact Person:  
Client Telephone Number:  
Client Email Address:  
Description of Services Provided:

5. Client Name:  
Client Contact Person:  
Client Telephone Number:  
Client Email Address:  
Description of Services Provided:

I authorize Hawaii State Archives to contact the above references:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

As of this date \_\_\_\_\_, I affirm that the forgoing are true statements of facts.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Individual/Firm

\_\_\_\_\_  
Printed or Type Name of Person Authorized to Sign