



Stage 3 Solution Development (Part B)

Department of Technology, SIMM 19C, Revision 9/8/2016



How to Attach File
and Insert Section.p

(Embedded PDF instructions describe how to attach files and/or insert repeating sections.)

3.13 General Information

Agency or State Entity Name:

California Department of State Hospitals....

Organization Code:

4440

Proposal Name:

Pharmacy Modernization

Department of Technology Project Number: 4440-127

3.14 Part B Submittal Information

Contact Information:

Contact First Name:

Kim

Contact Email:

Kim.Vu@dsh.ca.gov

Contact Last Name:

Vu

Contact Phone Number:

916.562.3545

Part B Submission Date:

Date Picker

Part B Submission Type:

- New Submission
 - Updated Submission (Pre-Approval)
 - Updated Submission (Post-Approval)
 - Withdraw Submission
- Reason: Select...
If "Other," specify:

Part B Sections Updated (For Updated Submissions only, check all that apply)

- 3.13 General Information
- 3.14 Part B Submittal Information
- 3.15 Solicitation Package and Evaluation Readiness
- 3.16 Public Contract Code (PCC) 6611 Readiness
- 3.17 Protest Processes
- 3.18 Project Management Planning
- 3.19 Staffing Allocation
- 3.20 Final Solicitation Package Submission

Part B Summary of Changes:

Part B Project Approval Executive Transmittal

Attachment: (File Attachment)



Stage 3 Solution Development (Part B)

Department of Technology, SIMM 19C, Revision 9/8/2016

Condition(s) from Previous Stage(s):

Condition #	
Condition Category	If "Other," specify:
Condition Sub-Category	If "Other," specify:
Condition	
Assessment	If "Other," specify:
Agency/state Entity Response	
Status	If "Other," specify:

Insert Condition

Department of General Services (DGS) Delegated Purchasing Authority: Over Under No Procurement

3.15 Solicitation Package and Evaluation Readiness

1. Check all sections of the SIMM Section 195 Statewide Technology Procurement Division (STPD) Solicitation Template completed and reviewed for quality assurance:

Part 1:

- 1. Introduction
- 2. Bidding Instructions
- 3. Administrative Requirements
- 4. Bid Requirements
- 5. Cost
- 6. Proposal/Bid Format and Submission Requirements
- 7. Evaluation
- 8. Informational Attachments

Part 2:

- Appendix A, Statement of Work
- STD 213, Standard Agreement
- Bidder Qualifications Forms
- Bidder Reference Forms
- Staff Qualifications Forms
- Staff Reference Forms
- Cost Worksheets
- Bidder's Library
- Functional/Non-functional Requirements

2. Describe the breakdown of the total evaluation score to be awarded (point/score) and how the score will be allotted, below:

Scoring and Point Distribution

Evaluation Area	Maximum Possible Score
Total Points Possible:	

Insert Evaluation Area

	Yes	No	N/A
3. Is the Bidder's Library complete and ready for vendor access?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Does the Agency/state entity anticipate that any confidential information will be posted in the Bidder's Library?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	



Stage 3 Solution Development (Part B)

Department of Technology, SIMM 19C, Revision 9/8/2016

- | | |
|---|---|
| 5. Has the Agency/state entity tested and validated the evaluation methodology, points, and/or approach? | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 6. Has the Agency/state entity completed development of the bidder and key staff qualifications and the bidder and key staff references?
If "Yes," select the approach that will be used to validate the references submitted below:
Verbal (e.g., telephone with pre-defined script) | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 7. Are all key stakeholders (executive sponsors, business and IT project team, and procurement team) knowledgeable and committed to the evaluation methodology for the solicitation? | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 8. Will the Agency/state entity require the bidder to demonstrate any solution requirements?
If "Yes," attach the demonstration script below.
Attachment: (File Attachment) | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| 9. Have changes been made to the solicitation package (e.g., solution requirements, cost worksheets, evaluation methodology, terms, SOW) as a result of the Statewide Technology Procurement Division (STPD) Pre-Solicitation process?
If "Yes," explain changes below: Updates as a result of reviews | <input type="checkbox"/> <input checked="" type="checkbox"/> |

3.16 Public Contract Code (PCC) 6611 Readiness

- | | Yes | No | N/A |
|--|-------------------------------------|--------------------------|--------------------------|
| 1. Has the Agency/state entity received approval from Department of General Services (DGS) or the Department of Technology to utilize PCC 6611? If "Yes," attach a preliminary draft of the negotiation plan and the approved form (GSPD 13-003) below:
Attachment: (File Attachment) Have not rec'd from CDT/STP – this is STP recommendation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3.17 Protest Processes

1. Select the protest process being utilized for the primary solicitation:
- Alternative Protest Process (APP) – if selected, attach below: Traditional Protest Process
- Not Applicable (N/A) – if selected, specify below:
- Attachment: (File Attachment)
- If the protest process is "N/A" for the solicitation, provide an explanation below:

Using 6611

3.18 Project Management Planning

- | | Yes | No | N/A |
|--|-------------------------------------|-------------------------------------|--------------------------|
| Are the following project management plans or project artifacts complete, approved by the designated Agency/state entity authority, and available for Department of Technology review? | | | |
| Project Management Plan
If "No," provide the status below; if "N/A," provide an explanation below: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Change Control Management Plan
If "No," provide the status below; if "N/A," provide an explanation below: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Configuration Management Plan
If "No," provide the status below; if "N/A," provide an explanation below:
The equipment configuration will be done by the vendor. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



Stage 3 Solution Development (Part B)

Department of Technology, SIMM 19C, Revision 9/8/2016

Data Management Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "No," provide the status below; if "N/A," provide an explanation below:			
Maintenance & Operations (M&O) Transition Management Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "No," provide the status below; if "N/A," provide an explanation below:			
Procurement Management Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "No," provide the status below; if "N/A," provide an explanation below:			
Quality Management Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "No," provide the status below; if "N/A," provide an explanation below: Need more information			
Testing Master Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "No," provide the status below; if "N/A," provide an explanation below:			
Will be provided by vendor and validated in UAT by hospital staff following business process workflows			
Security Management Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "No," provide the status below; if "N/A," provide an explanation below:			
Business Continuity Management Plan (including Technology Recovery Plan)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "No," provide the status below; if "N/A," provide an explanation below: DR plan will be used			
Risk Management Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "No," provide the status below; if "N/A," provide an explanation below:			

3.19 Staffing Allocation

Project Team Role	Project Manager	If "Other," specify:
Quantity	1	
Level of Participation	100 %	
Classification (State Resources Only)	Other	If "Other," specify: Contractor
Source	New	
Tenure/Time Base	Select...	
Project Team Role	Business Analyst	If "Other," specify:
Quantity	1	
Level of Participation	60%	
Classification (State Resources Only)	Staff Services Analyst (General)	If "Other," specify:
Source	Redirected	
Tenure/Time Base	Permanent	
Project Team Role	Other	If "Other," specify: Technical Lead
Quantity	1	



Stage 3 Solution Development (Part B)

Department of Technology, SIMM 19C, Revision 9/8/2016

Level of Participation	100%	
Classification (State Resources Only)	Other	If "Other," specify: Contractor
Source	New	
Tenure/Time Base		
Project Team Role	Other	If "Other," specify: IV&V
Quantity	1	
Level of Participation	100%	
Classification (State Resources Only)	Other	If "Other," specify: Contractor
Source	New	
Tenure/Time Base		
Project Team Role	Other	If "Other," specify: Organization Change Mgt
Quantity	1	
Level of Participation	50%	
Classification (State Resources Only)	Other	If "Other," specify: Contractor
Source	New	
Tenure/Time Base		
Project Team Role	Other	If "Other," specify: Solution Analyst
Quantity	1	
Level of Participation	100%	
Classification (State Resources Only)	Other	If "Other," specify: Contractor
Source	New	
Tenure/Time Base		
Project Team Role	Other	If "Other," specify: Enterprise Architect
Quantity	1	
Level of Participation	100%	
Classification (State Resources Only)	Other	If "Other," specify: Contractor
Source	New	
Tenure/Time Base		
Project Team Role	Other	If "Other," specify: Technical Analyst
Quantity	1	
Level of Participation	100%	
Classification (State Resources Only)	Other	If "Other," specify: Contractor
Source	New	
Tenure/Time Base		



Stage 3 Solution Development (Part B)

Department of Technology, SIMM 19C, Revision 9/8/2016

Insert Project Team Role

3.20 Final Solicitation Package Submission

Attachment: (File Attachment)

Insert Attachment

Stage 3 Solution Development (Part B) – Department of Technology Use Only

Original "New Submission" Date	12/10/2020
Form Received Date	12/10/2020
Form Accepted Date	12/10/2020
Form Status	Completed
Form Status Date	5/12/2021
Form Disposition	Approved with Conditions If "Other," specify:
Form Disposition Date	5/12/2021