



Unemployment Compensation CLAIMS AND BENEFITS INFORMATION SYSTEM Invitation to Negotiate Number: 10-ITN-001-SS Negotiation Instructions

Points of Contact: Respondents shall provide the Agency with the sole point of contact for the purposes of the Negotiation by completing the "Negotiation Registration" form on page 3. The "Negotiation Registration" form is due back to the Agency by the close of business on October 12, 2010.

The points of contact with the Agency for purposes of this Negotiation:

Agency for Workforce Innovation
Procurement Office
Caldwell Building
107 East Madison Street, B-047
Tallahassee, Florida 32399
Fax Number: (850) 245-7470

Procurement Officers (Points of Contact):

Fran Shewan
Purchasing Specialist Supervisor
Telephone Number: (850) 245-7466
Fran.Shewan@flaawi.com

Sonja Stokes
Purchasing Specialist
Telephone Number: (850) 245-7472
Sonja.Stokes@flaawi.com

Respondents shall not contact any other office or employee of the Agency for information with respect to this Negotiation. The Agency shall not be bound by any information from whatever source that does not come from the Agency's contact office or that is not contained within this document.

Purpose: The purpose of this round of negotiations is to discuss the negotiation process, discuss respondent and Agency questions and review the detailed Interim Revised Proposal (IRP) instructions. The Agency will finalize instructions for an Interim Revised Proposal and determine how to proceed into further negotiations based on the outcome of the initial negotiation sessions.



Negotiation Schedule: The Agency anticipates a series of negotiation sessions. The sessions will be conducted in Room 109 at the Winewood Office Complex unless other instructions are provided.

1309-1311 Winewood Boulevard
Building 5, Room 109
Tallahassee, FL 32301

For this round of negotiations the schedule will be based upon a first come, first served basis. Respondents shall contact the Procurement Office points of contact listed above to schedule their initial negotiation session.

The initial negotiation sessions are scheduled for:

<u>DATE</u>	<u>TIME</u>
October 18, 2010	8:30 am – 5:30 PM
October 19, 2010	8:30 am – 5:30 PM

Please arrive 15 minutes early to ensure a prompt start to each session.

After the initial negotiation sessions are complete the Agency will distribute detailed Interim Revised Proposal instructions to the respondents participating in negotiations. The respondents will then be expected to submit written Interim Revised Proposals. The timing and content of the proposals will be discussed in the initial negotiation session. The Agency expects to conduct subsequent negotiation sessions based on submitted Interim Revised Proposals. Respondents should note, however, ITN section B.15, pursuant to which the Agency reserves the right to finalize the negotiation process at any time the Agency determines doing so would be in the best interest of the State.

Negotiation Format: Pursuant to ITN section B.15, negotiation sessions are not open to the public. Therefore, a complete recording will be made of all meetings. Respondent will have the opportunity to caucus, if necessary, before providing answers to specific Agency questions.

The Respondent's negotiation team shall be limited to 10 individuals and shall include key staff that are able to answer any questions that may arise concerning your response or system demonstrations and are authorized to negotiate the contract. Personnel who are key to the successful performance and negotiation of this ITN requirement are required to participate.



Negotiation Registration- Respondent's Point of Contact

UC Claims and Benefits Information System Negotiations

RESPONDENT SHALL COMPLETE AND RETURN TO THE ISSUING OFFICE

Complete the information below and fax this sheet immediately to the Agency's Office of Procurement and Contract Administration at (850) 245-7470. The "Negotiation Registration" form is due back to the Agency by the close of business on October 12, 2010.

Company Name: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Fax Number: _____

Cell Phone Number: _____

E-mail address: _____

For each additional attendee, please provide their name and functional role as it pertains to this negotiation.

Additional Attendee List	
Name	Functional Role
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	