**Request Details**

**Engagement # (YYYY/MM/DD + initials eg: 20110801rst): 20190513TL-375**

**TITLE:** SQL 2008 Retirement - Assessment Project - Project Manager

**SOW ISSUE Date:** May 13 2019

**REsponse due Date: May 20 2019 12:00**

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| Consulting Category or categories | Seniority level (\*\*SEE BELOW) |
| Project Management and Implementation | Senior |

**This Consulting Statement of Work may only be used to engage Service Providers on the Pre-Qualified Consultant List and only for Consulting Categories appearing on the Pre-Qualified Consultant List. Service Providers and Independent Contractors (aka Consultants) who are not on the Pre-Qualified Consultant List may not be considered for an engagement using this SOW.**

**Conditions applying to response:**

1. No responses will be accepted after **12:00pm** on the Closing Date specified above.
2. Statement of Work must be signed by an authorized signatory of the sole proprietor, firm, corporation or other entity submitting a proposal for purposes of this engagement (the “Service Provider”).
3. All Consultants proposed MUST meet the requirements for the Seniority Level stated above.
4. Complete a Statement of Work for EACH Consultant in respect of the engagement hereunder. The maximum number of individuals each Service Provider may put forward as a Consultant for this engagement is **1**. Include a resume for each Consultant proposed and each individual Consultant forming part of a team proposed for this engagement. Each resume is to be a separate attachment.
5. Submit a one page cover letter with this Statement of Work.
6. Reference the engagement number and title, as indicated above, in the subject line of the reply email.

E.g. “20110801RST Change Management for Project X” and send along a cover letter with the Statement of Work to:

**Name:** IMPMO **Email:** impmo@fraserhealth.ca

1. Do not contact any employee of the Purchaser other than the individual named above regarding the status of submitted responses.
2. Submit any questions about the engagement or the process by email to the individual named above.
3. All capitalized terms shall have the same meaning as defined in the Statement of Work except as otherwise expressly defined in the Contract Terms and Conditions for General Health Care Consulting Services and IMIT Consulting Services (the “Terms and Conditions”).

**Failure to comply with any of the above requirements may result in rejection of your proposal at the sole discretion of the Purchaser**

**Following the Closing Date:**

1. Responses will be evaluated in the following areas:

**Evaluation Criteria Weights**

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| Approach | 25% |
| Qualification and Education | 35% |
| Price | 40% |
| Total | 100% |

1. Interviews may be held with Consultants that have been short-listed in step 1.
2. References of Consultants may be contacted by the Purchaser and the results of the reference checks used to determine the successful Consultant.

**\*\*Please note: You may receive this Statement of Work more than once if you are pre-qualified in multiple categories.**

**Seniority Level Descriptions**

* **Intermediate**
	+ A Degree in Consulting Category related disciplines and a minimum of two (2) years of related Consulting Category experience; or
	+ A Diploma in Consulting Category related disciplines and a minimum of three (3) years of related Consulting Category experience; or
	+ A Certificate in Consulting Category related disciplines and a minimum of four (4) years of related Consulting Category experience; or
	+ An absolute minimum of six (6) years of directly related Consulting Category experience.
* **Senior**
	+ A Degree in Consulting Category related disciplines and a minimum of four (4) years of related Consulting Category experience; or
	+ A Diploma in Consulting Category related disciplines and a minimum of five (5) years of related Consulting Category experience; or
	+ A Certificate in Consulting Category related disciplines and a minimum of six (6) years of related Consulting Category experience; or
	+ An absolute minimum of eight (8) years of directly related Consulting Category experience.
* **Expert**
	+ A Degree in Consulting Category related disciplines and a minimum of six (6) years of related Consulting Category experience; or
	+ A Diploma in Consulting Category related disciplines and a minimum of seven (7) years of related Consulting Category experience; or
	+ A Certificate in Consulting Category related disciplines and a minimum of eight (8) years of related Consulting Category experience; or
	+ An absolute minimum of ten (10) years of directly related Consulting Category experience.
* **Specialist**
	+ Multiple Degrees (or other qualifications) relevant to Consulting Category disciplines and a minimum of ten (10) years of related Consulting Category experience; or
	+ An absolute minimum of fifteen (15) years directly related Consulting Category experience.

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| **Engagement Definition****(*completed by Purchaser’s representative*)** |
| 1. **Purchaser:**

PHSA of 1795 Willingdon Avenue, British Columbia, V5C 6E3, is the contracting authority on behalf of:(double click the checkbox you want to use and choose “checked”)**[x]** Fraser Health Authority (“FHA”)[ ]  Interior Health Authority (“IHA”)[ ]  Northern Health Authority (“NHA”)[ ]  Provincial Health Services Authority (“PHSA”)[ ]  Vancouver Coastal Health Authority (“VCH”) or [ ]  VCH acting as agent for Providence Health Care Society (PHC)[ ]  Vancouver Island Health Authority (“VIHA”)(the “Purchaser”) |
| 1. **Department:**

User Experience & Service Management*Please indicate which department/division/agency of the Purchaser requires the Consultant (fields will expand as required).* |
| 1. **Project Description:** SQL Server 2008 in Fraser Health (FH) will reach end of support this year. There are currently 54 database servers that will need to be migrated to a newer, support version of SQL Server.The initial assessment phase of the SQL Server 2008 Retirement Project will work closely with the PHSA TS, internal systems owners (within FH Health Informatics) and application vendor(s) to complete the assessment and planning phase. The discovery and data collected is then used to create an overall plan for the removal of these databases & servers and migrate applications and databases that reside on them.Please note this SOW is one of two issued. The assessment phase require a PM & a BA to complete the business analysis scope.

*Please provide a brief summary of the overall project scope, objectives, timelines and milestones.* |
| 1. **Reporting to:** Portfolio Manager

*Please identify the position/title to whom the Consultant will report.* |
| 1. **Services Required:**

Reporting to the Portfolio Manager, User Experience and Service Management, the Project Manager will perform the following services:\* Create Project Charter\* Gathering more detailed server information (e.g. number of databases in each of the servers and cores used, application name, application and DB owner, compatibility if database and application is compatible with SQL 2017 and Windows 2016, if it is used for production or test, if the application requires non-database SQL roles such as SSRS, Analysis Services, etc.)\* Defining the criteria for migration to on-premises or Azure Cloud\* Analyzing options and recommendations for consolidation and migration path\* Determining the availability of test plans (technical, functional, user acceptance) and resources\* Procuring CSAs for SQL Server 2008 and 2008R2, and Windows Server 2008 and 2008 R2 requiring extended security coverages.\* Obtaining PHSA TS budgetary cost estimate for the upgrade and migration (phase 2)\* Providing Phase 2 details so that HI Leadership can make an informed investment decisionThis is a full time role for a duration of approximately 3 months up to a maximum of 450 billable hours.Key Deliverables:Specifically the Project Manager is responsible for the following:\* Act as the primary point of contact for the vendor on behalf of FHA.\* Participate in planning sessions with the overall project group, PHSA TS project team, and FH HI teams.\* Responsible for managing and coordinating the overall project, day-to-day activities, and advise Project Leadership & Governance on updates and issues.\* Participation in workshops, reviewing and providing feedback on the relevant schedules.\* Provide coordination for information tracking for FHA.\* Interface with the HI teams and vendors as required.Upon completion of the discovery work, the project team will deliver:\* A signed project charter\* A complete repository of applications/databases residing in servers in scope within FHA\* Supportability and compatibility with SQL 2017 assessment\* Recommendation of migration action for each database, application and database server\* A final report that summarizes all findings and impacts to the business\* A full estimate of migration plan including recommended timelineNumber of Consultants Required: 1 |
| 1. **Pricing Options Preferred:**

Pricing Option Preferred: Inclusive Hourly Rate with Maximum The vendor will provide an all-inclusive hourly rate and maximum number of hours for provision of services. Average billable hours/week: 40 |
| 1. **Constraints and Special Considerations:**

- While FHA may provide VPN access so that consultants may work remotely, it is expected that they reside locally (i.e. the BC Lower Mainland) for attendance in person when required\* Access to a vehicle to participate in onsite activities is required\* The contractor rate is all inclusive. No expenses, e.g. mileage and parking, will be reimbursed for this contract.\* The consultant will be based FHA offices at Central City, Surrey, BCThe contractor rate is all-inclusive. No expenses, e.g. mileage and parking, will be reimbursed for this contract. |
| 1. **Specific Qualifications or Experience Required:**

We request explicit project references to support the skills and capabilities of the proponents\* A level of education, training and experience equivalent to a degree in Project Management, Health Administration, Business Administration, Information Management or a related discipline;\* For Project Manager: A minimum of ten (10) years of recent, related experience in project, program and/or portfolio management\* Project Management Professional (PMP) designation (or equivalent) considered a strong asset.\* Past project management experience with Clinical Information Systems is an asset, as is work experience within British Columbia’s health care system.\* Experience facilitating and managing consultation processes with a wide range of stakeholder groups.\* Experienced in thoroughly integrating change management and process improvement principles into own project management style.\* Excellent proficiency with MS Office toolsets (Word, Excel, Visio, Project).\* Knowledge of PM tools, such as Microsoft Project and Portfolio Server.\* Great project management, analytical skills, excellent people skills, strong written and oral communication skills, excellent analytical skills, and a demonstrated capability for handling sensitive situations. |
| 1. **Start Date of This Engagement:**

Jun 03 2019 |
| 1. **End Date of This Engagement:**

Aug 30 2019 |
| 1. **Possible Future Extensions to This Engagement:** Yes

**Number of Potential Extensions:** 1**Duration of Each Potential Extension:** 3 month(s)  *If no extensions are listed or if all of the extensions are used, then a new procurement process will be required. If Process A was run, then Potential Extensions may not be entered if the Estimated Total Value of the engagement will exceed .* |
| 1. **Terms and Conditions:**

**Contract Terms and Conditions for General Health Care Consulting Services and IMIT Consulting Services previously accepted in the pre-qualification application process are non-negotiable and will apply in respect of the engagement envisaged in terms hereof.** **The Indemnity, Liability and Insurance clause applicable for this engagement is:****(please check one)****[ ]** General Health Care Consulting Services (Article 11 of the Terms and Conditions applies)[x]  IMIT Consulting Services (Article 12 of the Terms and Conditions applies) |
| 1. **Incumbent**

No |

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| **Engagement Service Provider Response****(*completed by the Service Provider*)** |
| **1. Service Provider information:** (The “Service Provider”)*Service Provider to provide their legal name and address.* |
| **2. Service Provider Primary Contact:** *Service Provider to provide their primary contact name, email address and phone number.* |
| **3. Service Provider registered sales tax number (GST/PST/HST):** *Service Provider to provide sales tax number.* |
| **4. Consultant Proposed:** *Service Provider to provide name(s) of Consultant(s) proposed for this engagement* |
| **5. Relationship:** *Service Provider to disclose relationship of proposed Consultant(s) to the Service Provider:***[ ]** Principal[ ]  Employee[ ]  Subcontractor (refer to definitions in Contract Terms and Conditions)***NOTE: By completing this section the Service Provider acknowledges that the Consultant(s) it is proposing is not a current employee of the Customer.*** |
| **6. Summary response:** *Service Provider to summarize their understanding of Purchaser’s requirements.* |
| **7. Proposed Approach:** *Service Provider to provide details on how they intend to meet the Purchaser’s requirements.* |
| **8. Qualifications and Education of proposed Consultant:** *Service Provider to provide details of the Consultant proposed for the assignment including related experience and skills* |
| **9. Expected Effort:** *Service Provider to estimate the number of effort hours or days by Consultant. (NOTE\*\* number of effort hour or days and duration of work effort is NOT predicated by the start and end date of the engagement.* |
| **10. Availability of Proposed Consultant:***Service Provider to indicate the ability of the proposed Consultant to commence work on the Start Date stated in Section 9 of the Engagement Definition.* |
| 1. **11. Proposed Pricing:**

*Service Provider to provide detailed pricing for this assignment which aligns to the pricing option preferred by the Purchaser as described in Section 6 of the Engagement Definition.* ***Estimated out of pocket expenses must be listed separately****. Payment of such expenses must be pre-approved by the Purchaser in accordance with existing travel expense policy.* |
| 1. **12. Value Added:**

*Service Provider to identify value added services offered for this specific assignment including tools to be applied, access to specialized no fee expertise etc.* |
| 1. **Insurance Coverage:**
2. The Service Provider selected by the Purchaser for the engagement set out herein will provide the Purchaser with a Certificate of Insurance from the Service Provider’s insurance company / broker indicating the types and amounts of insurance coverage held by the Service Provider as evidence that the Service Provider meets the Insurance requirements set forth in Section 12 of the Engagement Definition above and in compliance with the Contract Terms and Conditions for General Health Care Consulting and IMIT Consulting agreed to as a condition of being accepted on the Consulting Pre-Qualification List. The Certificate of Insurance is required before a Purchase Order will be issued by Supply Chain. For clarity, this requirement applies to the Service Provider whether it is a consulting firm or a sole proprietor (e.g. independent contractor).
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| **14.** **Service Provider Conflict of Interest Declaration**The Service Provider and its shareholders, directors, officers, agents, servants or employees will take all reasonable steps to ensure avoidance of all direct or indirect conflicts of interest (either actual or potential) between any of their individual interests and those of the Purchaser.  If the Service Provider becomes aware of any reasonable possibility of any direct or indirect conflict, then the Service Provider will promptly disclose to the Purchaser the applicable facts and circumstances.  Failure to resolve a conflict to the satisfaction of the Purchaser will constitute a material default by the Service Provider entitling the Purchaser to immediately terminate this Contract without liability to the Service Provider.*Service Provider to indicate its agreement to the foregoing No Conflict of Interest statement:***[ ]  The Service Provider agrees to the foregoing No Conflict of Interest statement.** |
| **15. Special Considerations Response:**1. In addition, Service Provider to describe how you will mitigate any constraints or special considerations identified by the Purchaser in Section 7 of the Engagement Definition.
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|  | **Signed by an authorized representative of the Purchaser** | **Signed by an authorized signatory of the Service Provider** |
| **Authorized Signature** |  |  |
| **Name of Signatory (printed)** |  |  |
| **Designation of Signatory** |  |  |
| **Date signed** |  |  |

**Parties agree that the requirements and the response provided above are mutually acceptable. No contract is formed until such time as Supply Chain issues a valid purchase order for this Statement of Work.**

**Purchaser Conflict of Interest:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as authorized signatory on behalf of the Purchaser do hereby declare and confirm that I have no direct or indirect conflict of interest, whether pecuniary, non-pecuniary or some other form (either actual or potential) between any duty owed to or interest of the Purchaser in respect of the matter of this engagement request or process.

I understand and agree that a conflict of interest could arise in relation to:

• directorships or other employment;

• interests in business enterprises or professional practices;

• share ownership;

• beneficial interests in trusts;

• existing professional or personal associations with any proposed Supplier and/or Consultant (whether an individual, team or a firm);

• professional associations or relationships with other organizations; and

• personal associations with other groups or organizations, or family relationships.

I agree I must and confirm I will immediately disclose any obligation, commitment, relationship or interest that could conflict or may be perceived to conflict with my duties to or interests of the Purchaser.

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|  | **Signed by an authorized representative of the Purchaser** |
| **Authorized Signature** |  |
| **Name of Signatory (printed)** |  |
| **Designation of Signatory** |  |
| **Date signed** |  |