**Request Details**

**Engagement # SOW2019162**

**TITLE: WEST transition - Project Manager**

**SOW ISSUE Date: May 31, 2019**

**REsponse due Date: June 07, 2019 @ 12:00PM**

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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:

**Email:** IMTISContracts@phsa.c**a**

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:
	* Approach
	* Qualifications and Education
	* Value Adds
	* Price
2. Interviews may be held with Consultants that have been short-listed in step 1.
3. 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”)**[ ]** Fraser Health Authority (“FHA”)[ ]  Interior Health Authority (“IHA”)[ ]  Northern Health Authority (“NHA”)[x]  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:

PHSA, WEST Project on behalf of the Health Authorities. |
| 1. Project Description:

Provincial Health Services Authority (“PHSA”), on behalf of the six Regional Health Authorities, is nearing the completion of its current Master Service Agreement (MSA) for Desktop Management Services (DMS). PHSA and the BC Health Authorities (collectively the BC HAs) are in procurement for workplace technology devices and associated managed support services required to meet their future needs. In anticipation of a new agreement, PHSA is preparing for the outsourced DMS services to be transitioned to a new provider. Preparation and planning for the transition are underway. Considerable work is required to create and execute a transition plan as well as to maintain financial tracking and governance materials for a successful transition process.This Statement of Work is for project management support on the Workplace Evolving Services and Technologies (WEST) Transition Project. |

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| 1. Reporting to:

Richard West, Director, Device and Technology, IMITS Client Services |
| * Services Required:

The project is seeking one (1) qualified project manager to provide project management services on all aspects of the project including scope, planning, project structure, ensuring quality, assessing and managing risks, issues, business analysis, and project integration. It is anticipated the role will manage the Transition of services to the new provider. Scope of work to include, but not limited to:* Utilizes initiative, vision, independent thinking and creative problem-solving abilities to implement project plans and realize project completion;
* Lead project meetings, facilitate discussions, and ensure that meeting outputs are clearly documented;
* Establishes and delivers mechanisms for tracking project progress and reporting to key stakeholders;
* Lead work and resource allocation planning;
* Maintain documentation associated with the project such as plans, charters, contracts, MOUs and budgets;
* Ensure risks, issues and actions have been appropriately assessed and are effectively monitored and tracked;
* Plan project timelines, milestones, critical path tasks, deliverables and project dependencies and interdependencies using best practice project management methods, working closely with other WEST project Transition team members and subject matter experts to drive deliverables, and the WEST PMO to ensure alignment;
* Liaise with Project Managers from the vendor transition team and current service provider;
* Facilitate conversations with both business and technical areas related to business processes and IT systems impacted by the DMS Transition.
* Maintain and monitor project budget including invoice tracking, forecasting and financial reporting, debriefs, and status reporting;
* Identify emerging issues and facilitate resolution;
* Log and maintain the governance and project templates used to provide transparency of intended outputs to HA executives;
* Provide support to the PHSA Transition Champion and to the PHSA HA Transition Lead in:
	+ ensuring coordinated and timely stakeholder communications;
	+ ensuring preparation of decision documents or change orders;
	+ development and delivery of project presentations as required;
* Provide regular (weekly or bi-weekly) status reports; and,
* Ensure project materials uploaded to SharePoint site and available to project team staff.
* Accountable for logs and maintaining the governance and project templates used to provide transparency of intended outputs to HA executives;
* Provide support to the HA Change Leader and the HA Transition Champion in:
	+ ensuring coordinated and timely stakeholder communications;
	+ ensuring preparation of decision documents or change orders;
	+ development and delivery of project presentations as required;
* Liaise with Project Managers from the vendor transition team and the WEST PMO;
* Understand and communicate aspects of the Transition Strategy.
* Support development of presentations for all levels within the BCHOs or other stakeholders.
* Capture outputs from fit-gap assessment workshops and support WEST and HAs in revising processes or business practice identified in the assessment.

Deliverables to include, but not limited to:* WEST HA Transition Charter
* WEST HA Transition Plan
* Weekly status reports;
* Monthly financial reports and project budget tracker;
* Steering committee status slides one week prior to meetings;
* Register of issues and risks and associated response plans;
* Statements of Work and Amendments, as required;
* Meeting Minutes within one (1) day of meetings;
* Project decision log;
* Project Lessons Learned document;
* Complete and auditable project record to be stored and maintained on the designated project site (i.e. SharePoint); and,
* Other deliverables as required or assigned.

Timeline of Engagement:* The term would be for June 17th 2019 – December 15th, 2019
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| 1. Pricing Options Preferred:

As part of the proposal, the supplier will provide an hourly rate for the duration of the project. The position is based in Vancouver as the primary location. No travel costs are associated with the home location.Travel to the Health Authorities to fulfil the obligations of the role outside of the home location will be reimbursed at cost.  |
| 1. Constraints and Special Considerations:

The candidate proposed will be required to identify any conflict of interest associated with existing relationships with vendors participating or expected to be participating in this transition. Any conflict of interest will preclude the candidate from being the successful candidate for this position.Proposed requirements are estimates only and are not guarantees of billable hours against the contract.The successful applicant should be available to start the engagement in Burnaby, BC on June 17th  |
| 1. Specific Qualifications or Experience Required:
* It is preferable that the candidate proposed holds and maintains a PMP Certification.
* The candidate proposed should have demonstrable extensive project management experience in managing projects of similar scope, budget and complexity within the past five (5) years. Candidate’s proposal should clearly set out details regarding previous project management role, responsibilities and deliverables.
* Meet the criteria for a senior-level Project Manager.
* Ability to travel up to 50%.
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| 1. Start Date of This Engagement:

June 17th, 2019 |
| 1. End Date of This Engagement:

December 15th 2019 |
| 1. Possible Future Extensions to This Engagement:
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| 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

N/A |

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| **Engagement Service Provider Response**(completed by the Service Provider) |
| 1. Service Provider information:   |
| 2. Service Provider Primary Contact:  |
| 3. Service Provider registered sales tax number (GST/PST/HST):  |
| 4. Consultant Proposed:  |
| 5. Relationship: Service Provider to disclose relationship of proposed Consultant(s) to the Service Provider:[x]  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:  |
| 7. Proposed Approach:  |
| 8. Qualifications and Education of proposed Consultant:  |
| 9. Expected Effort:  |
| 10. Availability of Proposed Consultant: |
| 1. Proposed Pricing:
 |
| 1. Value Added:

Past experience with P3, outsourcing and JSRFP processes through to handover in government Health sector. |
| 1. Insurance Coverage:

Yes – General Liability & Errors and Omissions |
| 14. Service Provider Conflict of Interest DeclarationService Provider to indicate its agreement to the foregoing No Conflict of Interest statement:[x]  The Service Provider agrees to the foregoing No Conflict of Interest statement. |
| 1. Special Considerations Response:
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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 |  |