

# Stage 3 Solution Development, Part B

California Department of Technology, SIMM 19C.4 (Rev. 2.5, July/2021)

3.13 General Information

Agency or State Entity Name: Choose an item.

If agency/entity not in list, enter here. Click or tap here to enter text.

Organization Code: Choose an item.

Proposal Name: Click or tap here to enter text.

Department of Technology Project Number (0000-000): Click or tap here to enter text.

3.14 Part B Submittal Information

Part B Contact Information

Contact First Name: Click or tap here to enter text.

Contact Last Name: Click or tap here to enter text.

Contact Email: Click or tap here to enter text.

Contact Phone Number: Click or tap here to enter text.

Part B Submission Date**:** Click or tap to enter a date.

Part B Submission Type: Choose an item.

If “Withdraw” is specified, select reason: Choose an item.

If “Other,” specify reason: Click or tap here to enter text.

Part B Sections Updated(For updated submissions only; list all that apply):

Click or tap here to enter text.

Part B Summary of Changes (Provide a concise summary of changes made):

Click or tap here to enter text.

Part B Project Approval Executive Transmittal

(Attach Transmittal to the email submission.)

**Condition(s) from Previous Stage(s)**

Condition #: Click or tap here to enter text.

Condition Category: Choose an item.

If “Other,” specify: Click or tap here to enter text.

Condition Sub-Category: Choose an item.

If “Other,” specify: Click or tap here to enter text.

Condition Description: Click or tap here to enter text.

Assessment: Choose an item.

If “Other,” specify: Click or tap here to enter text.

Agency/State Entity Response: Click or tap here to enter text.

Status: Choose an item.

If “Other” is specified: Click or tap here to enter text.

TIP: Copy and paste to add Conditions as needed.

TIP: Throughout this document, you may use **Ctrl+c** and **Ctrl+v** to copy and paste sections.

**Department of General Services (DGS) Delegated Purchasing Authority**

Is the solicitation over or under the agency/state entity’s DGS Delegated Purchasing Authority? (Select “Over” or “Under”. If no procurement is planned, select “No Procurement.”) Choose an item.

3.15 Solicitation Package and Evaluation Readiness (Primary solicitation only)

1. Select “Complete” for all sections of the SIMM Section 195 Statewide Technology Procurement (STP) Solicitation Template that are completed and reviewed for quality assurance in Part 1 and Part 2 below; otherwise, select “Not Complete.”

Part 1:

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

Part 2:

1. Appendix A, Statement of Work: Choose an item.
2. STD 213, Standard Agreement: Choose an item.
3. Bidder Qualifications Forms: Choose an item.
4. Bidder Reference Forms: Choose an item.
5. Staff Qualifications Forms: Choose an item.
6. Staff Reference Forms: Choose an item.
7. Cost Worksheets: Choose an item.
8. Bidder’s Library: Choose an item.
9. Functional/Non-functional Requirements: Choose an item.
10. Describe the breakdown of the total evaluation score to be awarded (point/score) and describe how the score will be allotted, below.

**Scoring and Point Distribution**

**Evaluation Area:** Click or tap here to enter text.

**Maximum Possible Score:** Click or tap here to enter text.

**Total Points Possible:** Click or tap here to enter text.

TIP: Copy and paste Evaluation Areas/Maximum Scores as needed.

**Evaluation Readiness Checklist**

3. Is the Bidder’s Library complete and ready for vendor access? Choose an item.

4. Does the agency/state entity anticipate that any confidential information will be posted in the Bidder’s Library? Choose an item.

5. Has the agency/state entity tested and validated the evaluation methodology, points, and/or approach? Choose an item.

6. Has the agency/state entity completed development of the bidder and key staff qualifications and the bidder and key staff references? Choose an item.

If “Yes,” select the approach that will be used to validate the references submitted: Choose an item.

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? Choose an item.

8. Will the agency/state entity require the bidder to demonstrate any solution requirements? Choose an item.

If “Yes,” attach the demonstration script to your email submission.

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 (STP) Pre-Solicitation process? Choose an item.

If “Yes,” explain changes: Click or tap here to enter text.

3.16 Public Contract Code (PCC) 6611 Readiness

1. Has the agency/state entity received approval from Department of General Services (DGS) or the Department of Technology to utilize PCC 6611? Choose an item.

If “Yes,” attach a preliminary draft of the negotiation plan and the approved GSPD 13-003 form to your email submission.

3.17 Protest Processes

1. Select the protest process being utilized for the primary solicitation: Choose an item.

If “Alternative Protest Process” is selected, attach file to the email submission.

If the protest process is “Not applicable” for the solicitation, explain:

Click or tap here to enter text.

3.18 Project Management Planning

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? Select “Yes,” “No,” or “Not applicable.”

Project Management Plan: Choose an item.

If “No”, provide the status: Choose an item.

If “Not applicable,” explain: Click or tap here to enter text.

Change Control Management Plan: Choose an item.

If “No”, provide the status: Choose an item.

If “Not applicable,” explain: Click or tap here to enter text.

Configuration Management Plan: Choose an item.

If “No”, provide the status: Choose an item.

If “Not applicable,” explain: Click or tap here to enter text.

Data Management Plan: Choose an item.

If “No”, provide the status: Choose an item.

If “Not applicable,” explain: Click or tap here to enter text.

Maintenance and Operations Plan: Choose an item.

If “No”, provide the status: Choose an item.

If “Not applicable,” explain: Click or tap here to enter text.

Procurement Management Plan: Choose an item.

If “No”, provide the status: Choose an item.

If “Not applicable,” explain: Click or tap here to enter text.

Contract Management Plan: Choose an item.

If “No”, provide the status: Choose an item.

If “Not applicable,” explain: Click or tap here to enter text.

Quality Management Plan: Choose an item.

If “No”, provide the status: Choose an item.

If “Not applicable,” explain: Click or tap here to enter text.

Testing Management Plan: Choose an item.

If “No”, provide the status: Choose an item.

If “Not applicable,” explain: Click or tap here to enter text.

Security Management Plan: Choose an item.

If “No”, provide the status: Choose an item.

If “Not applicable,” explain: Click or tap here to enter text.

Business Continuity Management Plan (Including Technology Recovery Plan): Choose an item.

If “No”, provide the status: Choose an item.

If “Not applicable,” explain: Click or tap here to enter text.

Risk Management Plan: Choose an item.

If “No”, provide the status: Choose an item.

If “Not applicable,” explain: Click or tap here to enter text.

(Other – type plan name) Project Management Plan: Choose an item.

If “No”, provide the status: Choose an item.

If “Yes,” describe: Click or tap here to enter text.

3.19 Staffing Allocation

**Project Team Role:** Choose an item.

If “Other,” specify: Click or tap here to enter text.

**Quantity:** Click or tap here to enter text.

**Level of Participation (%):** Click or tap here to enter text.

**Classification (State Resources Only):** Choose an item.

If “Other,” specify: Click or tap here to enter text.

**Source:** Choose an item.

**Tenure/Time Base:** Choose an item.

**NOTE**: Reference SIMM19 Stage 3 Solution Development Preparation Instructions, Section 3.19 for details.

TIP: Copy and paste staffing allocation items to add Team Role or Classification (for different Time Base) as needed.

TIP: Review Stage 3 Part B with your Project Approval and Oversight Manager prior to formal submittal.

TIP: Review the Gate 3 Solution Development Evaluation Scorecard, Part B, to ensure a complete submission. [SIMM 19](https://cdt.ca.gov/policy/simm-19/)C.8 GATE 3 Evaluation Scorecard Part-B

**End of agency/state entity document.**

**When ready, submit Stage 3 Part B and all attachments in an email to** [ProjectOversight@state.ca.gov](mailto:ProjectOversight@state.ca.gov).

**Department of Technology Use Only**

Original “New Submission” Date: Click or tap to enter a date.

Form Received Date: Click or tap to enter a date.

Form Accepted Date: Click or tap to enter a date.

Form Status: Choose an item.

Form Status Date: Click or tap to enter a date.

Form Disposition: Choose an item.

If “Other,” specify: Click or tap here to enter text.

Form Disposition Date: Click or tap to enter a date.