

RFP 683077 for Relocation Services Due Date November 19, 2009 at 4:30 p.m. ET



Online E&I Supplier RFP Response Questionnaire

Supplier Information

Company Name: _____
Company Web Address: _____
Respondents Name: _____
Respondents Title: _____
Phone Number: _____
Email Address: _____

Response Type:

	Yes	No
Are you providing a response for Moving Relocation and Logistics Services?	<input type="checkbox"/>	<input type="checkbox"/>
Are you providing a response for Comprehensive Relocation Management Services?	<input type="checkbox"/>	<input type="checkbox"/>

Are you responding as:

- A Corporate Group
 - An Agent
 - A Broker
 - An Independent Corporation
 - A Consultant or Other Service Provider
-

A. PRICING AND TERMS

Please complete all questions and include with your proposal copies of the pricing schedules referenced below. All product and maintenance pricing to include FOB delivered pricing (supplier pays freight and delivery cost). Your response to **Requirements** (Part 6) will also be used in the evaluation of pricing.

A.1) Are you willing to extend your pricing and/ or discount structures proposed to the following E&I members?

	Yes	Yes with Exceptions	No
Higher Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K-12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching Healthcare Facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If yes with exceptions provide pricing policy and pricing and/ or discount structure which is being proposed below.

A.2) Define and provide payment terms offered to E&I members.

Net _____
 Prompt Payment Discount _____
 Late Charges* _____
 Other additional payment terms or options _____
 (i.e. EFT, Online Payment)

*** Late charges for public institutions may be regulated and limited by the laws of the governing state.**

**A.3) Please indicate which credit cards are accepted by your company.
 (Note: E&I prohibits convenience fee's for transactions made using a credit card)**

- Master Card
- Visa
- Discover
- American Express
- Credit Cards Not Accepted
- Other (please specify)

If you selected other please specify

A.4) Pricing

What discount percentage will be applied to current tariff for the following types of moves under this agreement:

A.4.1. Interstate shipments line haul and accessorial charges

A.4.2) Storage-in-transit for interstate shipments:

A.4.3. Intrastate shipments in deregulated states:

A.4.4. Storage-in-transit for intrastate shipments in deregulated states:

A.4.5. Please provide a list of Tariff's and a description of what is covered by each:

A.4.6. What is your the cost of valuation formula? Please describe your company's valuation coverage including any coverage that will be included, and what can be purchased over and above what is provided.

A.4.7. What is the cost for automobile shipment, and what discount applies?

A.4.8. Describe any alternative pricing options for this agreement.

A.4.9. Will Peak Season rates be waived?

- Yes
- No

A.4.10. Please provide a matrix of fuel surcharges along with your company's fuel surcharge policy including the basis for what percentage will be charged, and how often the surcharge is updated.

A.4.11. In some instances, the E&I Member may require the employee to be responsible for a portion of the cost of a move. Please describe your company's ability to handle this type of arrangement.

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B. BREADTH OF SERVICES OFFERED

B.1. Describe your ability to service the following:

B.1.1. Interstate household goods moves

B.1.2 Intrastate household goods moves

B.1.3. International household goods moves

B.1.4. Office moves, local, and nationwide

B.1.5. Library moves

B.1.6. Laboratory moves

B.1.7. Asset management services - web based, or electronic

B.1.8. Real Estate and Mortgage Services

B.1.9. Other "Personal" or Concierge related Services

B.2. What is your company's policy for guaranteeing delivery of ALL goods?

B.3. What is your company's time schedule policy for delivery of ALL goods?

B.4. Describe your ability to provide additional value-added services. Please list all value added services and the cost for the service, if any. (i.e. Unpacking service, Alumni and retired employee services, Executive level services, debris removal, packing, etc.)

B.5. Does your company provide services for IT Hardware and Electronic relocation? If yes, please describe what services are included, if you provide the service yourself or use a 3rd party company.

B.6. Please provide the pricing structure for IT Hardware and Electronic relocation and any discount connected with this service.

B.7. Does your company have a National Network of agents that will be able to book moves through this agreement?

If yes, please attach a list of participating Agencies, and describe how these agencies will report bookings through the E&I Agreement.

If no, please describe how your company will handle bookings, and reporting usage of the E&I Agreement.

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C. SUPPORT

C.1. Please detail support being offered, include the type of support, who will provide the support, hours support is available, and any additional cost to the customer associated with support.

C.2. What is the toll free number available to Members who require support?

C.3. Provide a list of all authorized service providers, brands or service centers offered in this RFP.

C.4. How many years has your company been associated with its current van line affiliation?

_____ Yrs.

C.5. What is your rank within your current van line?

C.6. Please give an overview of your company, including:

i) Number of locations

ii) Size of Facilities

iii) Years in operation _____

C.7. How many corporate household goods clients do you represent?

Year 2006

01-05 moves	_____	# of Clients
	based on Moves per Year	
06-10 moves	_____	# of Clients
	based on Moves per Year	
11-24 moves	_____	# of Clients
	based on Moves per Year	
25 or more moves	_____	# of Clients
	based on Moves per Year	

Year 2007

01-05 moves	_____	# of Clients
	based on Moves per Year	
06-10 moves	_____	# of Clients
	based on Moves per Year	
11-24 moves	_____	# of Clients
	based on Moves per Year	
25 or more moves	_____	# of Clients
	based on Moves per Year	

Year 2008

01-05 moves	_____	# of Clients
	based on Moves per Year	
06-10 moves	_____	# of Clients
	based on Moves per Year	
11-24 moves	_____	# of Clients
	based on Moves per Year	
25 or more moves	_____	# of Clients
	based on Moves per Year	

C.8. Please provide the following shipment information for the last three years

Year 2006

# of Shipments Booked	_____
# of Shipments Self-Hauled	_____

Year 2007

# of Shipments Booked	_____
# of Shipments Self-Hauled	_____

Year 2008

of Shipments Booked _____
of Shipments Self-Hauled _____

C.9. Describe your move management process and provide supporting documentation.

C.10. Provide the following information on your company's hauling fleet:

What is the number of trailers in your fleet? _____
What is the average age of trailers? _____
Number of interstate drivers in the following _____ 2006
years? _____
- _____ 2007
- _____ 2008
What is the average tenure of your current _____
drivers? _____

C.11. Describe your storage facilities in terms of the following:

Safety _____
Security _____
Warehousing Process _____

C.12. Describe your working relationship with fellow agents and their capacity to ensure a high level of customer satisfaction year round for all E&I Members who use the resulting contract.

C.13. Provide a synopsis of your entire claims management process.

C.14.) What methods of order placement will your company accept from E&I Members? Select all that apply.

- Telephone
- FAX
- E-Mail
- Original P.O.
- Secured Internet Online
- EDI
- E-Commerce Portal
- Other (please specify)

If you selected other please specify

C.15. What are the policies and procedures for informing the member of the reconciliation of problems associated with a Delayed or Late Delivery?

C.16. What is the service level guarantee for resolution of disputes, damages, losses and catastrophic loss?

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D) Administration

D.1. Describe the quality program that both the van line and agent will provide to E&I Members throughout the agreement, please provide any supporting documentation. Please pay particular attention to how these measurements will be communicated to E&I members as metrics in your continuous improvement goals .

D.2. What is your year-to-date 2009 quality rating for moves managed by?

Your Company _____
Your Agency _____

D.3. Provide year-to-date performance data for the moves managed by:

Your Company _____
Your Agency _____
How is this data collected? _____

D.4. Provide year-to date performance data for moves within the Higher Education market by:

Your Company _____
Your Agency _____

D.5. Describe all non-performance penalties that would apply to E&I Member moves.

D.6. Does your company or your agency have a web-based resource for supporting your customer satisfaction goals? If so, please describe, and if not how does your company insure that customer satisfaction goals are met?

D.7. Provide your company's strategy for converting current Higher Education business to an E&I agreement.

D.8. Please provide the method and process you will use to identify and track Contract usage made through the supplier agreement.

D.9. What is the size and organizational structure of the sales force (designated or available) that will be assigned to sell under the Supplier Agreement?

D.10. Please provide in detail your implementation, communication, and time line plan to introduce and inform your sales/ marketing staff of the terms and benefits of this Supplier Agreement with your company.

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E. ONLINE CAPABILITIES

E.1.) * Will your company have a dedicated web-site with an online catalog of products and special promotions included and available in this agreement with net pricing that E&I members can access and place orders?

- Yes
- No

*** A demonstration to E&I and the RFP Team of the proposers online ordering ability is**

required.

E.2. Are your companies' online ordering functions available through an e-commerce portal?

- Yes - If Yes, this service will be provided at no charge.
- No

E.3. Which E-commerce portal partner(s) is your company linked to?

F. ADDED VALUE / INCENTIVE

F.1) Added Value

E&I encourages Respondents to become involved in our Supplier Diversity Program. Supplier Diversity includes businesses that qualify as Minority Business Enterprise (MBE), Small Disadvantaged Business (SDB), Women-Owned Business Enterprises (WBE), HUB Zone, Veteran-Owned Business Enterprises, or ADA (American Disability Act). To qualify as one of the above business classifications Respondent must be majority-owned and actively managed by a person meeting those requirements.

F.1.1) Business Class (Check all that apply)

- Large Business Concern
- Women Owned Business
- Small Business Concern
- Small Disadvantage Business
- Disabled Owned Business
- Disabled Veteran Owned Business
- Veteran Owned Business
- HUB Zone Business

F.1.2) Minority Business Status Business Ownership (51% owned, operated and controlled)

- MBE African American
- MBE Asian Pacific
- MBE Hispanic American
- MBE Native American
- MBE Asian Indian American
- Caucasian/Non-Minority
- Other
- Not Disadvantage

F.1.3) Does Respondent's business currently have a Supplier Diversity Program(s) in place?

- Yes (please describe in comments)
- No

Additional comments

F.1.4) If respondent answered "Yes" to Supplier Diversity Program(s) in place, please provide the Supplier Diversity Program Coordinator:

First Name: _____
Last Name: _____
Telephone Number: _____
Email Address: _____

F.1.5) I identify any and all First Tier and Second Tier Business Relationships Respondent has with Minority, Women, and Handicapped-owned and operated businesses.

F.1.6) Small Business Program

Describe respondent's efforts to utilize an SBA defined small business in the performance of the agreement:

F.1.7) Alternative Financing Programs

Describe flexible financing alternatives that respondent provides. Include the type of lease (operating or capital), lease agreement(s) forms inclusive of terms, conditions, and format. Indicate how the rates are determined.

F.1.8) Value Added Services

Describe, in detail, other value-added services being offered which may not otherwise be disclosed herein. Respondent may wish to offer additional products, services, unique business features, sponsorship arrangements and special services, discounts or terms and conditions under this RFP.

F.1.9) Environmental Sustainability

Provide information concerning respondent's purchase and use of recycled products

including information concerning the use of "green" products or the elimination of production waste (i.e., fabrics, foams, paint, packing material, reduction in paper, reuse of production by product, etc.). Describe any additional programs and processes aimed at being environmentally responsible.

F.1.10) Provide information in regards to product certification for "green" product lines. Indicate how "green" products are identified in your product line. Provide information on how "green" products are promoted and recommended.

F.2) Incentives

F.2.1) Member Direct Rebates

Respondents are encouraged to propose direct rebates as means of generating revenue and increasing operating funds for members. Any and all rebates shall have no effect on the reporting and payment of the CAF. All rebate activity will be reported to E&I.

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G. RESPONDENT'S QUALIFICATIONS, REFERENCES, EXPERIENCE AND PAST PERFORMANCE

G.1) RESPONDENT'S QUALIFICATIONS

G.1.1) Relevant Litigation/ Investigations

Describe any current lawsuits, legal actions or governmental investigations including, but not limited to, parties of dispute, and equipment affected, cause of action, jurisdiction and date of legal complaint. Include in this section any problems that your firm or its personnel have experienced pertaining to training, licensing or certification in the past five (5) years.

G.1.2) Provide the dollar amount of sales in Higher Education, Healthcare, and K-12 for each of the most recent three years periods.

Year	_____	
Higher Education	\$ _____	.00
Healthcare	\$ _____	.00
K-12	\$ _____	.00
Year	_____	
Higher Education	\$ _____	.00
Healthcare	\$ _____	.00
K-12	\$ _____	.00
Year	_____	
Higher Education	\$ _____	.00
Healthcare	\$ _____	.00
K-12	\$ _____	.00

G.1.3) What is the size and organizational structure of the sales force (designated or available) that will be assigned to sell under the Supplier Agreement?

G.1.4) Please provide in detail your implementation, communication, and time line plan to introduce and inform your sales/ marketing staff and the Members and their respective ordering departments of the terms and benefits of a Supplier Agreement with your company.

G.1.5) Do you have a dedicated resources focus on Higher Education (i.e. GEM/ SLED)?

- Yes (Please describe in comments)
 No

Comments:

**G.1.6) Please list all GSA, State, and GPO agreements that the company holds that are currently in effect.
(Note: E&I reserves the right to request copies or access to any or all of these agreements)**

G.1.7) Can the company service all E&I member related needs?

G.2) Respondent Client List/ References

G.2.1) Provide at least three (3) references identifying clients from Higher Education with requirements similar to those of E&I for projects that have been completed in the past 24 months. At a minimum, please provide the name of the client, contact person, and telephone number for such references in the tables below. E&I reserves the right to contact additional references not provided by the respondent. Preference may be given to those references that are most similar in profile and type requested.

1

Institution: _____
Contact: _____
Title: _____
Telephone Number: _____

2

Institution: _____
Contact: _____
Title: _____
Telephone Number: _____

3

Institution: _____
Contact: _____
Title: _____
Telephone Number: _____

G.2.2) List any former Higher Education clients that have terminated a contracting relationship with respondent in the past 24 months. Please complete the tables below.

1

Institution: _____
Contact: _____
Title: _____
Telephone Number: _____
Size of Account: _____
Duration of Relationship: _____
Date of Termination: _____
Reason(s) for Termination: _____

2

Institution: _____
Contact: _____
Title: _____
Telephone Number: _____
Size of Account: _____

Duration of Relationship: _____
Date of Termination: _____
Reason(s) for Termination: _____

3

Institution: _____
Contact: _____
Title: _____
Telephone Number: _____
Size of Account: _____
Duration of Relationship: _____
Date of Termination: _____
Reason(s) for Termination: _____

G.3) Respondent Experience & Background

G.3.1) Describe the respondent's prior experience in catering to the education market.

G.3.2) Describe the respondent's existing business plan for current go to market strategy in: (1) Higher Education, (2) Related Health Care Facilities, and (3) K-12 in these regions. Describe any planned changes to the above go to market strategy if awarded an Agreement. This should include, but not be limited to a discussion of: (1) vertical market strategy, (2) number of dedicated sales representatives specializing in Higher Education, (3) corporate organization, etc. to support Higher Education marketing strategy. Describe the respondent's *growth* in Higher Education, Hospitals, and K-12 and Balance of the Line products over the past five (5) years.

G.3.3) Provide respondent's qualifications to meet E&I member requirements for the products and/ or services offered.

G.3.4) Describe any specific restructuring, mergers and/ or down sizing with respondent's firm that have occurred during the past three years or is anticipated in the next three years, noting potential impacts to the products and services contemplated by this RFP.

G.3.5) Provide information relating to respondent bankruptcies or reorganizations with the last five (5) years.

G.3.6) Sales Force

Describe the size, organizational structure and experience of the sales force (designated and dedicated) that will be engaged to promote, market, and sell to education.

G.3.7 Respondent Relationships or Potential Conflicts with E&I

Describe any business relations that respondent currently has or has had with E&I. Include relationships with any parent, subsidiary, or other affiliate company may have with E&I.

G.3.8) Indicate if any employees, officers, directors, members, agents or consultants of respondent are related to any employee, officer or director of E&I.

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H) ADMINISTRATION i.e. REPORTING CAPABILITIES

H.1.1) Respondent's Information

1. Legal name of Respondent's firm and corporate ownership _____
2. The legal status - i.e. corporation, partnership etc. _____
3. State or county where organized _____
4. Address of Respondent's principle place of business _____
Address Line 2 _____
City, State, Zip Code _____
5. Federal I.D. Number _____
6. Website Address _____

H.1.2) Person responsible for the administration of this Agreement:

NAME _____
TITLE _____
ADDRESS1 _____
ADDRESS2 _____
CITY, STATE, ZIP CODE _____
TELEPHONE _____
FAX _____
EMAIL ADDRESS _____

H.1.3) Provide the full contact information for the person responsible for this proposal:

Same As Above _____
NAME _____
TITLE _____
ADDRESS1 _____
ADDRESS2 _____
CITY, STATE, ZIP CODE _____
TELEPHONE _____
FAX _____
EMAIL ADDRESS _____

H.1.4) Provide the full contract information for the individual duly authorized to enter into the Agreement above:

Same As Above _____
NAME _____
TITLE _____
ADDRESS1 _____
ADDRESS2 _____
CITY, STATE, ZIP CODE _____
TELEPHONE _____
FAX _____
EMAIL ADDRESS _____

H.1.5) Respondent Information and Order Placement

Company Name: _____
Address 1: _____
Address 2: _____
City, State, Zip Code + 4 _____
Ordering Phone: _____
Ordering Fax: _____
Ordering On-Line/Website: _____

H.1.6)

	Respondent	Servicing Dealer	Other (specify in comments)
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Place Orders With:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invoicing By:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H.1.7) Respondent Information - Other Departments

President/ CEO Contact Information

NAME _____
 TITLE _____
 ADDRESS1 _____
 ADDRESS2 _____
 CITY, STATE, ZIP CODE _____
 EMAIL ADDRESS _____

National Accounts Contact Information for E&I Contract

NAME _____
 TITLE _____
 ADDRESS1 _____
 ADDRESS2 _____
 CITY, STATE, ZIP CODE _____
 EMAIL ADDRESS _____

Sales Contact Information for E&I Contract

NAME _____
 TITLE _____
 ADDRESS1 _____
 ADDRESS2 _____
 CITY, STATE, ZIP CODE _____
 EMAIL ADDRESS _____

Marketing Contact Information for E&I Contract

NAME _____
 TITLE _____
 ADDRESS1 _____
 ADDRESS2 _____
 CITY, STATE, ZIP CODE _____
 EMAIL ADDRESS _____

Operations Contact Information for E&I Contract

NAME _____
 TITLE _____
 ADDRESS1 _____
 ADDRESS2 _____
 CITY, STATE, ZIP CODE _____
 EMAIL ADDRESS _____

Customer Service Contact Information for E&I Contract

NAME _____
TITLE _____
ADDRESS1 _____
ADDRESS2 _____
CITY, STATE, ZIP CODE _____
EMAIL ADDRESS _____

Literature Requests Contact Information for E&I Contract

NAME _____
TITLE _____
ADDRESS1 _____
ADDRESS2 _____
CITY, STATE, ZIP CODE _____
EMAIL ADDRESS _____

Contact Information for Person Responsible for Submitting Report for Member Purchases (See RFP Part 5, section 5.4.1)

NAME _____
TITLE _____
ADDRESS1 _____
ADDRESS2 _____
CITY, STATE, ZIP CODE _____
EMAIL ADDRESS _____

Contact Information for Person Responsible for Contract Administrative Fee (CAF) (See RFP Part 5, section 5.5.2)

NAME _____
TITLE _____
ADDRESS1 _____
ADDRESS2 _____
CITY, STATE, ZIP CODE _____
EMAIL ADDRESS _____

H.2) Reporting Capabilities

H.2.1) Please provide the method you will use to identify and track member purchases made through the supplier agreement.

H.2.2) E&I VENDOR REPORTING FILE (VRF)

The following table is the E&I preferred reporting method. In the question following the table please indicate whether your company has the capability to provide the reporting fields by checking "yes" or "no".

For any technical reporting issues or questions please contact Douglas Cox dcox@eandi.org 1-631-630-8280.

Field	Label	Description	Type	Length	Justification
1	vendor_report_file	E&I Vendor Report File (file name)	text	18	L
2	vendor_name	Name of Vendor Reporting	text	40	L
3	vendor_contact	name of individua to contact regarding this report	text	40	L
4	vendor_id	The Vendor Number Assigned by E&I	text	15	L
5	contract_id	The Contract Number Governing Transactions	text	10	L
6	period_start	Start Date of Reporting Period	date	8	R
7	period_end	End Date of Reporting Period	date	8	R
8	customer_id	Vendor/ Supplier Customer ID#	text	12	L
9	member_number	E&I Member Number	test	12	L
10	member_name	E&I Member Name	text	40	L
11	member_address	E&I Member Address	text	40	L
12	member_city	E&I Member City	text	40	L
13	member_state	Member State	text	2	L
14	member_zip	Member Zip	numeric	10	R
15	po	Member Purchase Order #	text	15	L
16	invoice	Vendor I nvoice #	text	15	L
17	ship_to	Member's Ship to	text	40	L
18	ship_to_address	Member's Ship to Address	text	40	L
19	ship_to_city	Member's Ship to City	text	40	L
20	ship_to_state	Member's Ship to State	text	2	L
21	ship_to_zip	Member's Ship to Zip Code	numeric	10	R
22	item	Supplier/ Vendor ordered item #	text	40	L
23	um	Supplier/ Vendor ordered item Unit of Measure	text	2	L
24	dexc	Description of Item Ordered	text	60	L
25	unspsc	United Nations Standard Products and Services Code	text	10	L
26	retail_price	Vendor/ Supplier List Unit Price	numeric	9	R
27	contract_price	Vendor Supplier Agreed E&I Unit Mbr Pricing (Net sales price)	numeric	9	R
28	qty	Quantity Sold to Member	numeric	9	R
29	purchase_dollars	Total \$ of Purchases (Qty X E&I \$) -- automatically calculated	numeric	12	R
30	caf	Contract Administrative Fee (CAF) Percent (Rebate %)	numeric	7	R
31	caf_dollars	CAF dollar amount	numeric	9	R

	Yes	No
Field # 1 - E&I Vendor Report File	<input type="radio"/>	<input type="radio"/>
Field # 2 - Name of Vendor Reporting	<input type="radio"/>	<input type="radio"/>
Field # 3 - name of individual to contact regarding this report	<input type="radio"/>	<input type="radio"/>
Field # 4 - The Vendor Number Assigned by E&I	<input type="radio"/>	<input type="radio"/>
Field # 5 - The Contract Number Governing Transactions	<input type="radio"/>	<input type="radio"/>
Field # 6 - Start Date of Reporting Period	<input type="radio"/>	<input type="radio"/>
Field # 7 - End Date of Reporting Period	<input type="radio"/>	<input type="radio"/>

Field # 8 - Vendor/Supplier Customer ID#	<input type="radio"/>	<input type="radio"/>
Field # 9 - E&I Member Number	<input type="radio"/>	<input type="radio"/>
Field # 10 - E&I Member Name	<input type="radio"/>	<input type="radio"/>
Field # 11 - E&I Member Address	<input type="radio"/>	<input type="radio"/>
Field # 12 - E&I Member City	<input type="radio"/>	<input type="radio"/>
Field # 13 - Member State	<input type="radio"/>	<input type="radio"/>
Field # 14 - Member Zip Code	<input type="radio"/>	<input type="radio"/>
Field # 15 - Member Purchase Order #	<input type="radio"/>	<input type="radio"/>
Field # 16 - Vendor Invoice #	<input type="radio"/>	<input type="radio"/>
Field # 17 - Member's Ship To	<input type="radio"/>	<input type="radio"/>
Field # 18 - Member's Ship to Address	<input type="radio"/>	<input type="radio"/>
Field # 19 - Member's Ship To City	<input type="radio"/>	<input type="radio"/>
Field # 20 - Member's Ship To State	<input type="radio"/>	<input type="radio"/>
Field # 21 - Member's Ship To Zip Code	<input type="radio"/>	<input type="radio"/>
Field # 22 - Supplier/Vendor ordered item #	<input type="radio"/>	<input type="radio"/>
Field # 23 - Supplier/Vendor ordered item Unit of Measure	<input type="radio"/>	<input type="radio"/>
Field # 24 - Description of Item ordered	<input type="radio"/>	<input type="radio"/>
Field # 25 - United Nations Standard Products and Services Code	<input type="radio"/>	<input type="radio"/>
Field # 26 - Vendor/Supplier List Unit Price	<input type="radio"/>	<input type="radio"/>
Field # 27 - Vendor/Supplier Agreed E&I Unit Mbr Pricing (Net sales price)	<input type="radio"/>	<input type="radio"/>
Field # 28 - Quantity Sold to Member	<input type="radio"/>	<input type="radio"/>
Field # 29 - Total \$ of Purchases (Qty x E&I \$) - automatically calculated	<input type="radio"/>	<input type="radio"/>
Field # 30 - Contract Administrative Fee (CAF) Percent (Rebate %)	<input type="radio"/>	<input type="radio"/>
Field # 31 - CAF dollar amount	<input type="radio"/>	<input type="radio"/>

H.2.3) Please indicate your company's capability to provide the above fields in the following reporting file formats.

	Current Capability	Future Capability (please indicate in comments expected capability date)
XML	<input type="radio"/>	<input type="radio"/>
CXML	<input type="radio"/>	<input type="radio"/>
CSV	<input type="radio"/>	<input type="radio"/>
XLS	<input type="radio"/>	<input type="radio"/>

Please describe any other File Type Capabilities that you may be able to provide below.

By clicking on the "Next Page" button your responses will be saved thus far. Should you find the need to leave the questionnaire and would like to resume at a later time you must reenter the questionnaire from the same PC in order for your responses to be repopulated.

If a printed copy of your responses are required for your records print prior to clicking on the next page button and again prior to the submit survey button.

I. ADHERENCE TO RFP REQUIREMENTS

I.1.1) Are the terms and conditions contained in the Request for Proposal acceptable?

- Yes
- No*

I.1.2) * If not, indicate any and all exceptions as described in part 3 of the Request for Proposal and included in Tab 4 of your responses.

I.2.1) Will the report in Part 5 of the RFP, 5.5.1 be provided?

- Yes
- No*

I.2.2) * If not, indicate any and all exceptions as described in Part 3 of the Request for Proposal and included in Tab 4 of your response.

I.3.1) Will the administrative fee in Part 5, 5.5.2 be provided as required?

- Yes
- No*

I.3.2) * If not, indicate any and all exceptions as described in Part 3 of the Request for Proposal and included in Tab 4 of your response.

If a printed copy of your responses are required for your records print prior to clicking on the submit survey button.

We thank you for your candid responses and look forward to working together with your company.