**Request for Proposal (RFP)**

DS01-218

Web Design & CaFC Delivery

CUSTOMER REQUIREMENTS

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# WHATS INCLUDED WITHIN THIS RFP

Appendix A – Customer Requirements (this document)

Appendix B – Pricing Matrix (template to be completed by supplier)

Appendix C – Award Questionnaire (template to be completed by supplier)

Appendix D – Order Form and Call-Off Contract (Customer specific)

Appendix E – Existing Products

Appendix F – General Conditions and Further Information

Appendix G – Discovery Findings

# OVERVIEW

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| --- | --- |
| CCS Project Lead: | Amy Retallack and Emilia Cedeno |
| Customer:  | Human Fertilisation and Embryology Authority (HFEA) |
| Delivery Location: | Finsbury Tower103-105 Bunhill RowLondon EC1Y 8HF |
| Phase(s):  | Alpha, Beta Live |
| Project:  | DS01- 218 |
| Required Capabilities: | Software Engineering & Ongoing SupportAgile Delivery ManagementContent Design & Development |
| Subcontracting Permitted? | Yes |
| Supplier Partnering Permitted? | Yes |
| Contract Charging Mechanism (Alpha Phase): | Capped Time and Materials |
| Contract Charging Mechanism (Beta Phase): | Capped Time and Materials |
| Contract Charging Mechanism (Live Phase): | Capped Time and Materials |
| RFP Start Date:  | 09/04/2015 |
| RFP Response Deadline | 30/04/2015 |
| Proposed length of phase:  | Supplier to determine |
| Proposed Commencement Date of Project: | 01/06/2015 |

# LOTTING STRUCTURE

## The Customer has structured this procurement as follows:

|  |  |
| --- | --- |
| **Lot 1**  | Software Engineering & Ongoing Support AND Agile Delivery Management |
| **Lot 2** | Content Design & Development |

# TIMESCALES

The Customer or CCS may change this timetable at any time. The Potential Provider will be informed by email if there are any changes to this timetable.

## It is the Potential Provider’s responsibility to monitor the online messaging facility (e-Sourcing).



# KEY DELIVERY DATES

We expect an initial planning meeting (sometimes referred to as sprint zero) to start within two weeks of award of contract. Sprint zero will involve suppliers from all lots awarded to ensure shared understanding of integration approaches and dependencies.

Suppliers must propose project phases as part of their response to question AQB3 High-level Release Plan within Appendix C Award Questionnaire.

#

## CURRENT SITUATION / BACKGROUND INFORMATION

## About the HFEA

The Human Fertilisation and Embryology Authority (HFEA) was established in 1991 under legislation and is an arms-length body (ALB) sponsored by the Department of Health (DH). The HFEA is the UK government regulator of IVF clinics in the UK, employs 65 people and has revenues of about £6 million per annum.

Clinics that provide assisted reproduction technology (ART) treatments must be licensed by the HFEA. The majority of clinics receive a four-year license and are inspected once every two years, although more frequent inspections may be made when there are concerns about a clinic’s compliance. HFEA inspectors monitor clinics’ performance throughout the four-year licensing cycle.

Once a license is in place, the law requires the HFEA to collect and hold information from clinics about patients and the treatment they have. A clinic must notify the HFEA with registration and treatment details of patients undergoing treatment (subject to certain conditions). There are a number of timescales that clinics have to comply with for submitting information to the HFEA and the HFEA receives information of about 60,000 treatments per year from around 85 clinics.

Around 35 research and storage centres hold an HFEA license but do not need to submit information, while around 16 clinics carrying out basic treatment need only submit information annually. Around 40% of clinics are NHS organisations with associated strict rules and controls relating to data and system access.

In addition to licensing clinics, the legislation requires the HFEA to provide information to patients and egg and sperm donors about the fertility clinics that it licenses. This duty includes:

* providing prospective patients with information about available fertility services, the quality of the service and treatment outcomes
* providing prospective donors with information about how they can donate, what is involved and their rights and responsibilities
* providing donor-conceived adults with access to information about their donor and possible contact with donor-conceived half siblings.

The projects will be overseen by the IfQ Programme Board but managed by the allocated project manager. The project team will consist of a number of different skill sets including digital design and communications and IT developers provided by either the supplier or the HFEA.

The selected supplier will be required to maintain good communication on a regular basis through the product owner and project manager of the respective area. This will include status updates on the project timeline, suggestions, issues or deviation from the last agreed outcomes and any queries on the implementation of the design or HFEA brand image.

Some of our team have not worked previously on an agile projects and therefore the supplier is expected to bring best practice agile and Scrum approaches and generally to embed agile working by the project teams.

## LOT 1: Software Engineering & Ongoing Support AND Agile Delivery Management - REQUIRED OUTCOMES

### Project objective

We are aiming to modernise the HFEA website and the Choose a Fertility Clinic (CaFC) search tool by creating a responsive solution that meets the varying ways our users access and consume the information we provide. The website should be an engaging experience that ensures that the users get quick access to information they need. Whereas the new CaFC should ensure that the varying audience types are better informed and statistics on the clinic pages should not be difficult to understand by a first time user.

In-tandem with this user facing modernisation, we are aiming to modernise the technologies and ways of working for delivering our user requirements. This will primarily manifest itself through the appropriate procurement of a new content management system (CMS).

### Outline specification

**HFEA website**

The HFEA website is a key communications tool to all audience groups. The range and diversity of our audiences will require a flexible solution that will make the end user feel as if the site has been created to cater for their specific needs.

The development of the website should cater for a seamless transition between CaFC, Clinic Portal and the website so that the user should enjoy a consistent experience (albeit not necessarily uniform).

We are proposing to re-design the site navigation. The development must make considerations to implement this.

Our current site is a static, informational tool with a one-way direction of information (HFEA > user). We would like to change this by including standard web 2.0 functionality which will produce a collaborative environment where the user can inform our content.

As an organisation we want to be more efficient in our publishing processes, primarily through the CMS. The CMS should allow us the autonomy to create and modify the website as the needs of the business require. We want to introduce a publishing workflow which would allow content to be produced by various departments across the business and then submitted for approval to the web team before it is published on the site. The workflow should also allow for content it to be reviewed on a scheduled basis (eg, annually).

Alongside this user-facing modernisation, we want to modernise the editorial and publishing system which underpins the website. The objective is to build resilience, increase efficiency and future-proof as much as possible. The HFEA is looking to host the website on its own servers and not via a third party solution.

The website must meet best practice non-functional requirements and performance levels.

**Choose a Fertility Clinic**

The Choose a Fertility Clinic search tool is the HFEA’s unique selling product. The information is primarily for those seeking treatment but also serves to assist researchers with data and clinics with a kind of bench-marking with their peers.

This product contains a deep and broad level of information that is often complicated and therefore difficult to understand. A separate project has been undertaken to remove some of this complexity by agreeing certain top-line figures and a hierarchy of information importance to those seeking treatment. Using this information we need to create a visually engaging, easy to navigate and simple tool to deliver this. As with the website project we want to consider the site navigation specific to this data. The information that is drawn in from a database should be easily contextualized with the written information available on the HFEA website.

The biggest change we are seeking to implement is the introduction of patient feedback. This will be submitted into the same database as the clinic data so will need to work as both data in and data out. Information captured will be in the form of selected descriptors. This will ease the burden of moderation. However, the organisation will need to have some level of adaptability to the descriptors used as the clinics and the sector evolve. This can be done at a CMS or database level.

Data visualisation is of high importance on the presentation of the data. This can be static or interactive.

The data presented is often in conflict with the data presented by clinics. This is generally down to the context in which the numbers are being presented. It is important that the data we present coveys credibility.

The data we will provide should now be a mixture of ‘hard’ and ‘soft’ information.

The development of CaFC should cater for a seamless transition between CaFC, Clinic Portal and the website. Therefore the user should enjoy a consistent experience (albeit not necessarily uniform) when moving between the website, CaFC and Clinic Portal.

The website must meet best practice non-functional requirements and performance levels.

**Proposed functionality**

The website development will require the following elements (but not limited to, - a full functional requirement spec is provided in the appendices provided separately to this document: Further details is also available through the [full list of user stories (product backlog)](https://app.smartsheet.com/b/publish?EQBCT=34c5ecd54cec4eadbf7be80922ca677b):

* integrated social media
* ability to create blogs
* video/audio streaming
* a site search feature so users can find website content across both the main website and CaFC
* a comments feature after each article including the ability to ‘rate’ page content on how useful it is
* quick polls
* enquiries/contact us forms
* CAPTCHA or similar functionality to avoid spam
* tagging of content for quick cross-referencing of similarly themed/tagged content (tags editable on the CMS side)
* diary/calendar feature allowing for request for invitation/attendance, alerts to changes and/or cancellations and alerts to similar event postings
* content on the website must be able to be syndicated to other sites, such as NHS Choices

The CaFC development will require the following elements, but not limited to (a [product backlog](https://app.smartsheet.com/b/publish?EQBCT=34c5ecd54cec4eadbf7be80922ca677b) is available for further details):

* Responsive website that articulates statistical data and clinic information in an easy to understand format. Particular consideration should be given to the display of complex data tables/graphs on all devices.
* Presentation of statistics so that the ranges we present do not appear confusing in contrast to single figure data on clinic websites that is perceived to be more appealing and straightforward
* Introduce a new patient feedback feature
* Introduce a new patient review feature (based on pre-selected words rather than free text)
* Interactive data tools – eg, manipulating their information so the data is tailored to them
* Ability to display video and audio content
* Integration into Clinic Portal allowing clinics to affect their respective areas. For example the ability to retrieve user feedback and respond
* Ability to search for clinics based on different criteria such as location (distance from postcode) or services offered as well as the ability to filter, search and tailor information output to individual needs via interactive data tools
* Content on the CaFC must be able to be syndicated to other sites such as NHS Choices

**User needs and story cards**

As part of our discovery work we have identified a set of prioritised user needs that need to be resolved. These, alongside the story cards, can be found in the appendices provided separately to this document and defined in the [list of user stories (product backlog)](https://app.smartsheet.com/b/publish?EQBCT=34c5ecd54cec4eadbf7be80922ca677b).

# REQUIREMENTS

### Website requirements

* An open source CMS that enables easy integration into a .NET framework and complies with [GDS Digital by Default standard](https://www.gov.uk/service-manual/digital-by-default) and meets the user needs and functional requirements’ of the HFEA.
* A CMS that allows for easier addition of new modules/components.
* A CMS which Is compatible with the current HFEA technology stack (Microsoft).
* Responsive website based on the new design (lot 1a) – device agnostic and coded to latest W3C standards using HTML5 and CSS3.
* Accessible both functionally and visually. The product should be accessible on the recent versions of JAWS, NVDA, VoiceOver for OS X, Window Eyes, Supernova, ZoomText and MAGic. Complies with GDS Digital by Default assisted digital best practice.
* Should at least meet Level AA of the [Web Content Accessibility Guidelines](http://www.w3.org/TR/WCAG/) (WCAG) 2.0.
* The website can be integrated with Google Analytics and has server side analytics so document and file usage can be monitored.
* Content publishing approval workflow – to enable different teams to submit content for approval before it is published on the website.
* Should be designed with scalability in mind.
* An API to allow the HFEA to extract data from the CMS.
* The ability to pull data from HFEA internal systems via an API.
* To develop navigation and site architecture that reflects the needs of the various audiences that the HFEA has and presents the breadth and depth of information available from the organisation.
* CMS publishing training for four members of HFEA staff before go-live date.
* Support materials (eg, downloadable PDF tutorials and/or instruction manuals) for the CMS administration and future exploitation of it.
* Support SEO friendly URLs.

### CaFC requirements

* Develop a new responsive and accessible version of the Choose a Fertility Clinic search tool which is device agnostic and coded to latest W3C standards using HTML5 and CSS3 and the CaFC design lot 2a
* CaFC should be able to provide users detailed data tables as well as key statistics
* Provide the information in a way that assures credibility in the information presented
* Ability for the tool to automatically refresh data when root data in the warehouse, licensing database etc. is changed
* CaFC needs to interface to the Epicentre application in order to allow the seamless surfacing of inspection reports and licensing information
* An API to allow the HFEA other systems to extract patient feedback data from the CaFC tool and vice versa
* The ability for the HFEA to push data to the tool when core centre licence and data information changes
* The ability to query the database to view historical data – to enable HFEA staff to determine what data was live at a particular date in the past.
* Application development should follow an object oriented paradigm.
* Dashboard style information – presenting key statistics as defined by the IfQ project team
* Patient feedback feature (based on a star rating) on Choose a Fertility Clinic, so that patients can rate a clinic for other patients to see
* Expanded patient feedback – to be based on a selection criteria and not free text
* An API to allow the HFEA other systems to obtain patient feedback data from the CMS and vice versa
* Ability for HFEA staff to add/edit data caveats for any data table for any centre for any yearly period which are displayed on CaFC. Additionally these caveats must be archived and searchable by HFEA staff.

# DELIVERABLES

### Delivering through the agile methodology & SCRUM

Suppliers are expected to work in accordance with agile working methodology and GDS best practice. We anticipate 3 phases (alpha, beta and Live) and for sprints to be of two weeks each.

Consistent with agile development methodology, the exact stories and order of their delivery will be determined as part of the sprint planning process. Outcomes of each phase are as follows:Alpha phase

The purpose of this section is to articulate the expectations and requirements for the Alpha phase

The goal of the alpha phase is to:

* Produce a proof of concept
* Planning for Beta or beta termination

Proof of concept

1. Development of low fidelity functional prototypes that will be tested and iterated based on the feedback of actual users.
2. The proof of concept must:
	1. demonstrate that the new design will meet the above user needs
	2. address the issues identified in our user research of existing systems (problems with existing Clinic Portal & EDI)
	3. validate the integration approach for information from other HFEA systems
	4. enable the selection of the appropriate technologies consider options for assisted digital support (if appropriate)

Beta planning

The alpha phase must also:

* Have a clear idea of what is required to build the beta and what it will cost
* Refine the product backlog to determine user stories for the minimum viable product
* Articulate the non-functional requirements of the service
* Identify and quantify any risks (e.g. design, process & technology) for the beta stage and how we will manage these risks
* Understand how legacy systems fit into the solution, how they will be wrapped or integrated
* How we will measure success (e.g. KPIs)
* Plan for beta and running of the live service
* Pass the GDS service assessment
* Enable a decision to be made as to whether to progress to the beta phase or alpha termination

Quality criteria

The alpha must demonstrate that it meets the following quality criteria:

* Demonstrates that we have a sufficient understanding of user needs
* Evidence of compliance with GDS assisted digital guidelines
* The alpha demonstrates that the solution is appropriate, viable
* Meets the requirements articulated in the RFP
* Meets the GDS service assessment standard
* The alpha phase is completed quickly (e.g. in line with GDS best practice timescales for Alpha)
* Finalise the beta phase brief

## Beta Phase

The objective of the beta phase will be to build a fully working prototype to test with users. The prototype to be continuously improved through the beta phase until it is ready for ‘go-live’ replacing and/or integrating with other HFEA systems.

The Beta phase will be used to deliver:

* an end-to-end Clinic Portal fully working prototype
* a working system that can be used by real users
* demonstration of a seamless integration and/or transition between existing systems and other lot products.
* a responsive and accessible prototype
* a programme of prioritised work to be done;
* a user testing plan
* a plan for service go live
* GDS service assessment

## Live Phase

The objective of the live phase will be to ensure:

* a fully resilient Clinic Portal for all end users (i.e. before beginning a phased roll-out) has been developed;
* security and performance standards have been met
* analytics and monitoring of KPIs are in place;
* transition for outgoing clinical portal plan and execution is in place;
* Digital by Default Service Standard approval
* measurable confirmation of delivery to identified user needs (from discovery, alpha and beta phases)
* a plan for GDS service assessment
* GDS Service assessment

## Post-launch Phase

The objectives will be to ensure the following are in place:

* monitoring of system performance and optimisation of the code, bug fixing
* development support will be provided by external suppliers
* technical and user task-focused reviews
* ensuring the service remains secure
* operational support may be provided in-house or by the supplier (to be determined)

Knowledge and skills transfer to our internal teams or parties will be made by suppliers to the HFEA internal team as required throughout the project

## LOT 2: Content Design & Development - REQUIRED OUTCOMES

### Project objective

The HFEA website is a key communications tool to all audience groups. The range and diversity of our audiences will require a flexible solution that will make the end user feel as if the site has been created to cater for their specific needs.

We are aiming to modernise the website by creating a solution that meets the needs of our various users and how they access the information we provide. The output should be an engaging experience that ensures that the users get quick access to information they need.

### Outline specification

Our current site is a static, informational tool so we want to explore other options of displaying content to our audiences, be this by text, video or other rich media.

All aspects of the new website is open to design and content development changes. This includes the existing site navigation (currently audience segmented) which could potentially be re-worked to be a task-based action oriented navigation or simply switched to a subject area-based variation of the existing format. Alternative methods are welcome but in all cases a strong rationale must be provided to qualify the choice.

The concept of ‘form follows function’ should be applied to the development of content. Information will be migrated from the originally website but is open to change in both tone and formatting. The identified user needs should determine how the content is exploited through the functional outputs of the CMS.

### Proposed functionality

### The functionality specified for the CMS should be appropriately used in order to maximise the user experience. This includes the ability to rate and comment on content, to order information in a customised way (eg. filtered search results) and to obtain information in a format that is best suited to their preferences (eg. video rather than text).

### User needs and story cards

As part of our discovery work we have identified an indicative set of prioritised user needs that need to be resolved. These, alongside the story cards, can be found in the appendices provided separately to this document.

[A full list of user stories (product backlog)](https://app.smartsheet.com/b/publish?EQBCT=34c5ecd54cec4eadbf7be80922ca677b) has been defined and should be referenced in the response.

# REQUIREMENTS

* Ability for user customisation of content and page format
* Personalisation of content presented
* Layouts optimised for content format eg. video content pages, blog pages and interactive data visualisations
* Page formatting and styling should be given as much weight for successfully delivery as the content itself (eg, clear definition of sections through strong H1/H2/H3 styles
* Ensure that the content developed utilising best practice for SEO

The site is proposed to be a design agnostic solution, content however considerations should be made for targeted content that is device sensitive

# DELIVERABLES

### Delivering through agile & SCRUM

SSuppliers are expected to work in accordance with agile working methodology and GDS best practice. We anticipate 3 phases (alpha, beta and Live) and for sprints to be of two weeks each.

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## Alpha phase

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The alpha phase must also:

* Have a clear idea of what is required to build the beta and what it will cost
* Refine the product backlog to determine user stories for the minimum viable product
* Articulate the non-functional requirements of the service
* Identify and quantify any risks (e.g. design, process & technology) for the beta stage and how we will manage these risks
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Quality criteria

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## Beta Phase

The objective of the beta phase will be to build a fully working prototype to test with users. The prototype to be continuously improved through the beta phase until it is ready for ‘go-live’ replacing and/or integrating with other HFEA systems.

The Beta phase will be used to deliver:

* an end-to-end Clinic Portal fully working prototype
* a working system that can be used by real users
* demonstration of a seamless integration and/or transition between existing systems and other lot products.
* a responsive and accessible prototype
* a programme of prioritised work to be done;
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The objective of the live phase will be to ensure:

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The objectives will be to ensure the following are in place:

* monitoring of system performance and optimisation of the code, bug fixing
* development support will be provided by external suppliers
* technical and user task-focused reviews
* ensuring the service remains secure
* operational support may be provided in-house or by the supplier (to be determined)

Knowledge and skills transfer to our internal teams or parties will be made by suppliers to the HFEA internal team as required throughout the project.

# TERMS AND CONDITIONS

Please note that Customer specific Terms and Conditions apply to this agreement. Please refer to the Call-Off Agreement for further information and Appendix F for customer specific General Conditions.

# CAPABILITIES AND ROLES

|  |
| --- |
| Current Roles and Responsibilities of the Customer |
| **Role** | **Responsibilities**  |
| SRO | Senior responsible owner – Authority Executive responsible for the delivery of the IfQ Programme |
| Programme Manager | Accountable for the IfQ Programme on a day to day basis |
| Head of IT | Responsible for providing knowledge of existing IT systems and future ownership of systems. |
| IfQW Project Sponsor | Responsible for approval of IfQW to sign-off standard |
| IfQW Product Owner  | Responsible for directing the shape of the output of the IfQW products and product development liaison with the selected suppliers. |
| IfQW Project Manager | Responsible for managing IfQW deliverables by HFEA teams and liaising with the selected suppliers. |
| IfQCP Project Manager | Responsible for managing IfQCP deliverables by HFEA teams and liaising with the selected suppliers |
| IfQIS Project Manager | Responsible for managing IfQIS deliverables by HFEA teams and liaising with the selected suppliers |

|  |
| --- |
| Required Capabilities and Outcomes of the Supplier |
| **Capabilities** | **Outcomes** |
| **Software Engineering & Ongoing Support And Agile Delivery Management** | Supplier to determine most relevant roles |
| **Content Design & Development** | Supplier to determine most relevant roles |

##

EVALUATION STAGES, MINIMUM PASS MARKS & PRICE EVALUATION

## Evaluation Stages:

## This RFP will be evaluated following a two stage approach:

## Technical & Cultural evaluation

## Pricing evaluation

## Minimum Pass Marks:

The following paragraph applies if a short-listing first stage is used:

## In order for Potential Providers to progress beyond the Short List stage of the process, they must achieve or exceed the Minimum Pass Mark, as defined in the Award Questionnaire, in the evaluation of the first stage

|  |  |
| --- | --- |
| Stage 1: Technical & Cultural evaluation | All Potential Providers who achieve the required Minimum Pass Mark for a Lot will be added to the Short List, and will be eligible to continue to Stage 2. |
| Stage 2: Pricing evaluation | Detailed below within the ‘Price Evaluation’ |

## Price Evaluation:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The Potential Provider’s price mark for each Lot will be evaluated by comparing the Total Price offered against all other total prices submitted by other Potential Providers.The Potential Provider who offers the lowest Total Price for a Lot will achieve the maximum score for that Lot. Every Potential Provider will, for each Lot, be awarded a percentage of the maximum score on a reducing basis based on the following formula:

|  |  |
| --- | --- |
| **Lowest Price Submitted Per Lot** | **x 100** |
| **Potential Provider’s Price Per Lot** |
| **= % of the maximum score, rounded to 2 (two) decimal places.** |

The pricing score, following the price evaluation; will be added to the scores already recorded for Sections A and B of the Award Questionnaire (Appendix C) to arrive at a final total scoreFor the avoidance of doubt, depending on the results of the evaluation, the outcome of this procurement could consist of a single Potential Provider being awarded all Lots, or each individual Potential Providers each being awarded one of the Lots. |