

IDAHO STATE UNIVERSITY  
GIS Training and Research Center  
919 S. 8th Avenue , Stop 8104  
Pocatello, ID 83209-8104  
(208) 282-2757  
(208) 282-5802 Fax

### **Request for Applications**

From: Keith T. Weber, GISP  
Wednesday, April 28, 2010  
Pages including this sheet: 2

Idaho State University's GIS Training and Research Center along with the Eastern Idaho Regional GIS (EIRGIS) and Southeast Idaho GIS Users' Group (SEIGUG) seek the professional services of a consultant to aid in the development of business plan guidelines and business plans for the EIRGIS and SEIGUG Regional Resource Centers (RRC; cf. ISDI Strategic plan, specifically pages 22, 29, and 32 [<http://gis.idaho.gov/IGO/Stratplan/IdahoSDIStrategicPlanv1.pdf>]). The RRC guideline will be able to be used for other RRCs in Idaho and elsewhere. Each business plan will address the topics listed below.

Executive Summary

Program Goals that identify

Partners and stakeholders

Existing resources

Common needs and direction

Requirements and Costs

Including a budget plan that identifies potential funding sources

Benefits and Justification

Implementation Program that recommends

A balance of services and capabilities

An entity type, organizational structure, and governance structure for RRC's

A physical location and/or virtual operations strategies for each RRC

Communications and coordination approaches with the Idaho Geospatial Council (IGC), Idaho Spatial Data Infrastructure (ISDI) activities, as well as other RRCs throughout the state.

Staffing strategies and technical architecture, as appropriate  
and includes a detailed timeline, with milestones

Measurements of Success

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- Idaho State University reserves the right to reject any and all bids and to waive all irregularities. Responding to this request for applications will be considered an offer to sell.
  - An electronic (e-mail) response is requested. Please respond by noon on **May 24, 2010**.
  - Award Date: June 3, 2010
  - Project Completion Date: November 15, 2010
  - Bill to: ISU GIS Center, 921 S. 8th Ave., Stop 8104, Pocatello, ID 83209-8104
  - Contact: Keith Weber 208 282-2757

***The following questions must be answered and a signature provided with your quote.***

Are you able to meet this delivery schedule? Y \_\_\_\_\_ N \_\_\_\_\_

Unless otherwise allowed by the State in the Request for Quotation, the Contractor shall not, without approval from the University, enter into any subcontract relating to the performance of this Contract. Approval by the University for a Contractor to subcontract, or acceptance of or payment for subcontracted work by the University, shall not in any way relieve the Contractor of responsibility for the professional and technical accuracy and adequacy of the work. The Contractor shall be responsible for all work performed under this contract, shall be the sole point of contact for the agency and shall be and remain liable for all damages to the State caused by negligent performance or non-performance of work under the Contract by the Contractor's subcontractor.

Will any portion of this project be subcontracted? Y \_\_\_\_\_ N \_\_\_\_\_

If a subcontractor is to be utilized please identify by subcontractor name and function.

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Executive Order 2006-40 requires contracts for service performed in the State of Idaho are with businesses that employ individuals who are eligible under Federal and State law to work in the United States. By submitting this quote, vendor warrants that any contract resulting from this solicitation is subject to Executive Order 2006-40 ([http://gov/mediacenter/xeorders/eo06/eo\\_2006-40.htm](http://gov/mediacenter/xeorders/eo06/eo_2006-40.htm)); it does not knowingly hire or engage any illegal aliens or persons not authorized to work in the United States; and that any misrepresentation in this regard or any employment of persons not authorized to work in the United States constitutes a material breach and shall be cause for termination of its contract.

**Total proposed cost \$** \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Date \_\_\_\_\_