# REQUIREMENT SPECIFICATION

**TITLE : REQUEST FOR PROPOSAL FOR THE RENEWAL OF MICROSOFT SUBSCRIPTION LICENSES**

## Introduction

* 1. The National Kidney Foundation (“NKF”) will be calling an Request for Proposal (RFP) to appoint a Microsoft Cloud Solution Provider (CSP) (hereafter known as the “Vendor”) for the RENEWAL OF MICROSOFT 365 subscriptions for twelve (12) months with option to extend the contract for another twelve (12) months.

## Scope of Service

* 1. Microsoft 365 CSP subscription is for the duration of twelve (12) months starting with effect from May 2026 or the date of formal contract whichever is later.
  2. The annual contract price specified in this RFP must remain consistent for the duration of the contract or for twenty-four (24) months, whichever is later. However, there is an exception: if Microsoft announces price changes specifically for non-profit customers.
  3. This Invitation to Quote incorporates the following documents:
* **Annex D1** – Vendor’s Experience in Similar Projects
* **Annex D2** – Compliance Table
* **Annex E** – Price Schedule
  1. Sufficiency is determined by NKF. NKF’s decision is final.

## General Requirement

* 1. Vendor shall provision their best monthly subscription price (See Annex E) under the Microsoft CSP program to NKF for the purchase SKUs listed in Annex E and it must be maintained throughout the contract month(s).
  2. Vendor shall provision an admin portal for NKF to view Microsoft products offerings, purchase products, subscription management, user management and consumption reporting.
  3. Vendor shall provide administrative and technical support including but not limited to the followings:
     1. Support products offered in CSP program.
     2. Support Access: To provide phone, email or portal access channel for NKF to initiate support request.
     3. Support users who are experiencing down-time, problems with Microsoft 365 admin portal, Azure portal and interruptions in services.
     4. Level 2 Incident requests escalation: NKF’s IT shall escalate. Incident requests to Vendor via Incident Management system provided by Vendor for following up with Microsoft.
     5. Licensing and billing support for SKUs bought through Microsoft CSP.
     6. Security support request: To initiate via portal access only.
     7. Technical assistance and know-how support for IT personnel and staff managing products in scope such as product configuration, user management, troubleshooting, escalation, and resolution to Microsoft Support for complex issues.

## Service Level Agreement (SLA)

* 1. This SLA applies to Microsoft CSP products for technical support. The purpose of this SLA is to ensure that the proper elements and commitments are in place to provide consistent service support and delivery to NKF.
  2. Vendor must provide local Helpdesk support in English.
  3. Vendor shall exhaust its best efforts in providing NKF incident management support based on SLA table below. Vendors who can provide regular updates on service availability by monitoring low-risk and non-critical issues will be preferred.
  4. Table 1 – Service Level Agreement

|  |  |  |  |
| --- | --- | --- | --- |
| Severity Level | Description | Initial Response Time (IRT) | Ongoing  Communication Updates |
| 1 | Critical:  Critical business impact: one or more services are not accessible or unusable, significant loss or degradation of services (application down) | 1 hours | Status updates to be reported every 30 minutes |
| 2 | Urgent:  Moderate business impact: Service is usable but in an impaired fashion, moderate loss, or degradation of services but work can reasonably continue in an  impaired manner | 2 hours | Status updates to be reported on every 1 hour |
| 3 | Important:  Minimum business impact: Issue important, but no significant service impact, substantially functioning with minor or no impediments of services | 4 hours | Status updates to be reported every 2 hours |

## Pre-Requisites

* 1. Vendor must have successfully implemented at least 3 (three) similar scale and complexity; Please include references and contract value.
  2. Vendor shall be a Microsoft CSP Partner.
  3. Vendor must be based in Singapore.

## Additional Information

* 1. References from recent clients, description of similar services provided, indicating project, duration, and client contact details in Annex D1.
  2. Accreditation and Experience - The solutions provider Solutions Partner designations on Microsoft solutions, technologies and tools.
  3. Organisation’s International Information Security standard certification (e.g. ISO 27001 certification, Cyber Essentials certification)
  4. Value added – what is exceptional about your company and what value-added services that NKF may benefit by engaging your services over and above the requirements mentioned in the specifications.

## Award

* 1. The intent of this RFP is to have one service provider but any agreement resulting from this does not entitle any organization to exclusive rights for the provision of the services.
  2. NKF reserves the right to implement a separate competitive bid process for any project at its discretion, including where more specialized services or projects are involved.
  3. NKF reserves the right to award the RFP in whole, part or not at all.

## Accepted By:

|  |  |
| --- | --- |
| Authorized Signature: | Date: |
| Signatory Name: | Signatory Title: |
| Telephone Number: | Vendor’s Name: |
| Email Address: | Vendor’s Stamp: |

**ANNEX D1**

# VENDOR’S EXPERIENCE IN SIMILAR PROJECTS

\*All requirement mentioned herewith are mandatory, sufficient details must be provided to demonstrate relevance to this project

|  |  |  |
| --- | --- | --- |
| **S/N** | **Item** | **Numbers / Description** |
| 1 | Total number of awarded CSP Program of similar scale and complexity in (> $500k SGD Annually) in last 3 years. |  |
| 2 | Total number of years providing this service in similar projects. |  |
| 3 | Numbers of Solutions Partner designations and it’s field |  |
| 4 | Provide client and project information of successful implementations of similar projects (at least 3 local client references)  Client Information   * 1. Customer Name   2. Company Address   3. Company Description   4. Contact Person   5. Contact Person Telephone Number   6. Contact Person Email Address Project Information   7. 2.1 Estimated Project Value (S$)   8. 2.2 Project / Scope Description   9. 2.3 Duration of Project |  |

## Accepted By:

|  |  |
| --- | --- |
| Authorized Signature: | Date: |
| Signatory Name: | Signatory Title: |
| Telephone Number: | Vendor’s Name: |
| Email Address: | Vendor’s Stamp: |

**ANNEX D2**

# TABLE OF COMPLIANCE

|  |  |
| --- | --- |
| The Vendor shall fill in the Table of Compliance with the following responses to all the clauses in Section B Requirement Specification: “C” for Compliant | Able to fully comply with the requirements. The Vendor shall not add comments against the clause that vary the meaning of full compliance to the clause. However, comments indicating references to literature to substantiate the response is permissible. Any other comments which will vary the meaning of full compliance will be ignored. |
| “NC” for Non-Compliant | Unable to comply with the requirements at all. Explanatory note must be provided under the column "Remarks" for cases where the compliance are “NC”. Vague responses such as "Refer to brochure attached" are not acceptable. |
| “V” for Variation | The proposed system will meet the requirements with some customization, modification, development and/or another alternative. The Vendor shall provide details of the proposed system, the cost for such variation and highlight it. An explanatory note must be provided under the “Remark” column for cases where the compliance is “V”. The vendor may use additional pages to furnish all the necessary information. However, NKF is not liable to take this variation for further consideration as it deems fit. |
| “ND” for Noted | When the statement is made in the RFP documents which do not call for the Vendor to meet a specific requirement but merely informs the Vendor of a fact, then the term “Noted” will be accepted as acknowledgement that the Vendor has read and understood the information. Where “Noted” is used against clauses requiring response other than “Noted”, the Vendor’s response will be classified as “Compliance”. |

**ANNEX D2**

# TABLE OF COMPLIANCE

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **Requirement** | **Comply (C / NC / V**  **/ ND)** | **Remarks** |
| 1 | **General Requirement**  As specified in point 3. |  |  |
| 2 | **Service Level Agreement (SLA)**  As specified in point 4. |  |  |
| 3 | **Pre-Requisites**  As specified in point 5.  Please provide details in Annex D1 |  |  |
| 4 | **Additional Information**  As specified in point 6.  Please provide details in Annex D1 |  |  |
| 5 | **Price Schedule**  Please provide details listed in Annex E (Price Schedule). |  |  |

## Accepted By:

|  |  |
| --- | --- |
| Authorized Signature: | Date: |
| Signatory Name: | Signatory Title: |
| Telephone Number: | Vendor’s Name: |
| Email Address: | Vendor’s Stamp: |