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| **Community Business Intelligence (CBI) Project****Vendor Statement of Work (SOW)** |
| **Background and Scope of the CBI Project:** |
| In an effort to improve upon existing decision support capabilities within the Toronto Central Local Health Integration Network (TC LHIN), the CBI Project supports the collection of data from a Health Service Providers’ (HSP) Client Management System (CMS) for the purposes of reporting at the individual and aggregate level. A CBI Tool and data repository have been developed that will provide reporting to both HSPs and the TC LHIN.The current scope of the CBI project is HSPs within the Community Mental Health, Community Addiction, and Community Support Services sectors that receive funding from the TC LHIN.  |
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| **Instructions for Submitting the SOW:** |
| **Response Process:*** Responses must be completed in the template provided. Attachments will ONLY be accepted for supporting documentation.
* The final SOW must be submitted to the CBI Project Teamfor review of compliance with requirements and suitability.
* All fields must be completed. Once complete, please sign the SOW and send in PDF format to cbisupport@reconnect.on.ca, attention Jennifer Wilkie.
* Meetings may be required for further clarification or discussion of the completed SOW prior to approval.

**Costing:*** Costs within the SOW are to be quoted in Canadian funds and are to be exclusive of HST. Applicable HST should be calculated and shown separately.
* All costs must be reflected in the SOW, as HSPs are not to incur charges as a result of the XML schema implementation.
* Once the SOW has been approved, a Vendor Service Agreement (VSA) will be provided by the CBI Project Team for signature by the vendor.
* Once both parties have signed the VSA, 50% of the funds will be provided to the vendor. Once the vendor has validated its CBI Tool, the remaining 50% will be provided.

All inquiries about the SOW can be made to cbisupport@reconnect.on.ca or (416) 453-7780. |

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| **Vendor Information:** |
| Company Name: | Click here to enter text. | Contact Name: | Click here to enter text. |
| Contact Phone: | Click here to enter text. | Contact Email: | Click here to enter text. |
| Product Name: | Click here to enter text. | Product Version: | Click here to enter text. |
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| **TC LHIN HSPs:** |
| Below, please provide a list of all TC LHIN HSPs which are using your product as a CMS (if required, you may attach a separate sheet). |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| **Description and Scope of Work:** |
| Add the functionality of the CBI XML schema and requirements outlined in the *User Implementation* *Guide* to its final state. Deploy to all community HSPs in the TC LHIN. Please note that there may changes to the XML schema during any phase of the CBI Project. Depending on the significance of the change, there may be adjustments to funding allocations. This will be determined at the time of the change.  |
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| **Tasks and Deliverables:**  |
| Below, describe how each step will be completed (**including the associated effort**). If you require additional lines, please use those provided. The expectation is that all costs will be reflected and that HSPs will not incur charges as a result of the CBI Tool build and implementation. |
| **Item** | **Description** | **Time (Hours)** | **Date** |
| Mapping Internal Data Set to Required Data Elements | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Database Development | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Build XML Export | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Web Service Interface | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Administrative User Interface | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Audit Log and Reporting | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Update to Software Documentation | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| HSP Support and Training | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Vendor Testing and Validation | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Deployment and Configuration to all HSPs in the TC LHIN | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Vendor Support of HSP Testing and Validation | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Vendor Support of HSP Go Live  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| **Funding Estimate (to be Filled out by Vendor):** |
| Total Number of Hours: Click here to enter text.Total Cost: Click here to enter text.Estimated Vendor Validation Completion Date: Click here to enter text. |
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| **Vendor Signature:**  |
| Name:  | Click here to enter text. | Title:  | Click here to enter text. |
| Signature:  |  | Date:  | Click here to enter text. |
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| **Reconnect Approval Signature (Internal Use Only):** |
| Approved Funding Amount: Click here to enter text. |
| Name:  | Mohamed Badsha | Title:  | Chief Operating Officer |
| Signature:  |  | Date: | Click here to enter text. |
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