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K1A 0S5

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**Revision to a Request for a Standing Offer**

**Révision à une demande d'offre à commandes**

National Master Standing Offer (NMSO)

Offre à commandes principale et nationale (OCPN)

The referenced document is hereby revised; unless otherwise indicated, all other terms and conditions of the Offer remain the same.

Ce document est par la présente révisé; sauf indication contraire, les modalités de l'offre demeurent les mêmes.

**Comments - Commentaires**

**Vendor/Firm Name and Address**

Raison sociale et adresse du fournisseur/de l'entrepreneur

**Issuing Office - Bureau de distribution**

Special Projects/Projets Spéciaux

Terrasses de la Chaudière 4th Floor

10 Wellington Street

Gatineau

Québec

K1A 0S5

<b>Title - Sujet</b> LiveScan		
Solicitation No. - N° de l'invitation M7594-191708/B	Date 2020-09-17	
Client Reference No. - N° de référence du client M7594-191708	Amendment No. - N° modif. 012	
File No. - N° de dossier 107zl.M7594-191708	CCC No./N° CCC - FMS No./N° VME	
<b>GETS Reference No. - N° de référence de SEAG</b> PW-\$ZL-107-38315		
<b>Date of Original Request for Standing Offer</b> Date de la demande de l'offre à commandes originale		2020-07-16
<b>Solicitation Closes - L'invitation prend fin</b> <b>at - à 02:00 PM</b> <b>on - le 2020-09-30</b>		Time Zone Fuseau horaire Eastern Daylight Saving Time EDT
Address Enquiries to: - Adresser toutes questions à: Chevrier, Stephane	Buyer Id - Id de l'acheteur 107zl	
Telephone No. - N° de téléphone (613) 408-4356 ( )	FAX No. - N° de FAX ( ) -	
<b>Delivery Required - Livraison exigée</b>		
<b>Destination - of Goods, Services, and Construction:</b> <b>Destination - des biens, services et construction:</b>		
<b>Security - Sécurité</b> This revision does change the security requirements of the Offer. Cette révision change les besoins en matière de sécurité de la présente offre.		

**Instructions: See Herein**

**Instructions: Voir aux présentes**

Acknowledgement copy required Accusé de réception requis	<input type="checkbox"/> Yes - Oui	<input type="checkbox"/> No - Non
<b>The Offeror hereby acknowledges this revision to its Offer.</b> <b>Le proposant constate, par la présente, cette révision à son offre.</b>		
Signature	Date	
Name and title of person authorized to sign on behalf of offeror. (type or print) Nom et titre de la personne autorisée à signer au nom du proposant. (taper ou écrire en caractères d'imprimerie)		
<b>For the Minister - Pour le Ministre</b>		

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## SOLICITATION AMENDMENT 012

This solicitation amendment is raised to:

1. Address the following clarification questions submitted by potential bidders; and
2. Modify the RFP if necessary.

### 1. CLARIFICATION QUESTIONS AND ANSWERS

Question #	RFP Reference	Title/Topic	Clarification Question	Response #	Clarification Response
<b>Q12.1</b>	Appendix A: EFCD Statement of Requirement Vendor Corporate and Management Requirements Section 5.3.5 Delivery and Installation *  Appendix A: EFCD Statement of Requirements: Chapter 1. Introduction Section 1.5 Document Purpose *  Appendix A: EFCD Statement of Requirement: Chapter 4.A Section 4.2 Changes to Certified Devices *  * See reference below	Some sections that reference "if required by the call-up" should not be included in the price unless specified in the call-up contradict the RFP Price instructions for Price Tables A, C and D which states that vendors should include installation and training.	Can the Crown confirm if the fully-configured EFCD in Table B includes installation and training, since Appendix A: Section 5.3.5 Paragraph 1 specifies that this cost should not be part of a fully-configured EFCD in Table B?	<b>R12.1</b>	Canada can confirm that the fully-configured EFCDs in Appendix B, Table B do <u>not</u> include training. Training is priced separately within Table B.  In Appendix A section 5.3.5 the phrase "if required by the call-up" is meant to distinguish between a call-up that includes installation and implementation and one that does not. For example, no installation or implementation would be required for an EFCD that is procured and delivered to the department ready to be used (e.g. ORI setup, configuration parameters set, etc.) and the department does the final installation and implementation (e.g. configure the IP Address, connect to the network, perform landing test, etc.). That is, no Vendor personnel would be required to visit the site to install and implement the EFCD.  For fully-configured EFCDs the entirety of section 5.3.5 applies. That is, Vendor personnel would be

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					required to visit the site to complete the installation and implementation.
					Pricing of fully-configured EFCDs must be based on delivery to a department/agency office in Ottawa, Ontario, Canada. The cost for deliveries to locations outside Ottawa will be determined as part of the call-up process based on the Appendix B resource pricing, the delivery location and PSPC guidelines.
<b>Q12.2</b>	Appendix A – EFCD Statement of Requirements Form Image Quality	In the APPENDIX A: EFCD STATEMENT OF REQUIREMENT, figures A-1 to A-7 depicts the C-216 family of forms. Not every one of the form images provided is effected, some of the images are too blurry to be used for software implementation purposes.	We recognize that having these forms is not necessary for Stage 3 Benchmark, or any other deliverable for this RFSO however, “clean form images” are important to us for planning for future implementation purposes. To that end, we are enquiring / requesting Canada to provide higher quality, higher resolution copies of these forms for our internal use?	<b>R12.2</b>	PDFs of each form have been included in this amendment.
<b>Q12.3</b>	RFSO Annex D to Appendix A	Figure 6, page 301 and Figure 30, page 325.	Where should an imported/non-imported RMS type-10 record be displayed on the GUI?  Please refer to Annex D to Appendix A, Figures 6 and 30 and advise of the location as the wireframe mock-ups are silent on this matter.  Could the Crown please include a mock-up screen to illustrate the desired location?	<b>R12.3</b>	Refer to Annex D section 24.2 for details. Figure 30 mock-up screen illustrates the location of the photo. Figure 6 does not include a photo.

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Q12.4	Amendment 008, Q8.4	<p><b>Background:</b></p> <p>In Amendment 008 Q8.4, the Crown has modified the classification for Requirement 5 in Section 3.9 SMTP-SPOI Detailed Requirements from blank to mandatory (M).</p> <p>The newly designated mandatory requires that the SMTP server generate a DCN. It is also mandatory for the EFCD to generate DCNs per 4.4.1. Additionally, it is a mandatory requirement to maintain the DCN from an RMS record, or Livescan must generate a DCN if the RMS does not submit one per 4.4.1.1.</p> <p>It is understood that in some scenarios, the DCN would be imported from an RMS system and in other scenarios it would only be generated at the EFCD; however, it is unclear as to which scenario would support the DCN being generated at the SMTP-SPOI.</p> <p>Is it also understood that packets created by EFCDs must contain tag 2.800 DCN.</p>	Could the Crown please provide further clarification of this mandatory requirement, so that the vendor can fully understand the scenarios of creating DCNs at the server level?	R12.4	If the SMTP-SPOI server is used as single point of interface for many Livescans, through a single ORI where it was not possible for each EFCD to effectively generate DCNs/TCNs, then it would need to generate the DCNs & TCNs for all EFCD transactions. This would be for a large department/agency.
Q12.5	Attachment 2 to Appendix J: Technical Proposal Evaluation Submission Tables <b>R57</b> , Page 33.	<p>The Offeror should provide an explanation and sample of how the Cardscan will populate the criminal, refugee and civil overflow page(s).</p> <p>Points will be awarded based on how effective and user friendly the capability is.</p> <p>Reference document: Appendix K: Requirements Traceability Matrix - Annex D to Appendix A: Detailed Workflow Requirements Chapter 4 E General Requirements <b>4.8 Cardscan Requirements</b>, Page 228</p>	<p><b>Background:</b></p> <p>R57 clearly requests an explanation and sample of how the Cardscan will populate the criminal, refugee and civil overflow page(s).</p> <p>@ 4.8 at 1. they reference "copies of the forms are located in the Statement of Requirements – Appendix A", yet the overflow page forms are not included in the list of forms provided with</p>	R12.5	<p>A PDF of an example overflow page has been included in this amendment.</p> <p>The overflow pages do not need to be scanned. For the overflow pages the OLU is expected to have the overflow pages beside them, determine which data entry field is affected, navigate to the field and enter the data in the affected field.</p>

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		<p>1. Copies of the forms are included in the Statement of Requirements – Appendix A. (I)</p> <p>2. The Cardscan must be able to create NIST compliant transactions from a hard copy information source. The Cardscan will be required to create the TOT's listed below: (M)</p> <p>a. Criminal Charges (CARY) i.</p> <p>The rolled and plain C-216 fingerprint form with associated demographic information, criminal charge information and photograph.</p> <p>ii. Palm print impression forms.</p> <p>iii. Photograph – similar size to a passport photograph (approximately 55 mm x 70 mm).</p> <p>iv. Overflow pages that could contain but not limited to: additional criminal charges, FBI and International search requests, aliases, scars, marks and tattoos.</p>	<p>criminal, refugee and civil.</p> <p>@4.8 at 2. (iv) it states that “Overflow pages could contain but not limited to: additional criminal charges, FBI and International search requests, aliases, scars, marks and tattoos.”</p> <p>It is completely understood that transactions for Cardscan begin with paper and that paper contains data (biometric and demographic) which is either scanned or typed into the associated NIST fields in order to create a NIST compliant transaction.</p> <p><b>Question:</b></p> <p>Could the Crown please clarify their expectations with regards to the intricacies associated with R57 relative to overflow pages and why simply having the paper beside the OLU during data entry would not suffice for overflow page data entry?</p> <p>Currently this requirement and the supporting documentation within the NMSO RFSO is very unclear as to what is truly expected in support of R57. Please provide detailed steps as to how the Crown expects the vendor solution to process an overflow page?</p>	
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Q12.6	<p>Appendix K - REQUIREMENTS TRACEABILITY MATRIX</p> <p>RFSO – Varied Sections</p> <p>In referencing the use of the term COTS, we use the term COTS when a feature that is included in a software product for a customer is made available globally to all customers that use that underlying product technology. This provides any one customer with the knowledge and assurance that the feature is widely used and is likely to be enhanced over the lifetime that that customer uses that product. In parts of this RFSO, it seems to us that Canada is using the term COTS in the same way. [See References #1 &amp; #4 below.]</p> <p>Some of the Mandatory requirements (as listed in Appendix K, REQUIREMENTS TRACEABILITY MATRIX) are not part of the EFCD for which our company has received certification (per ICD 1.7.8 Revision 1.6), but these features are available in different solutions from our company, and we will add them to our certified EFCD as COTS components. For such requirements, we intend to answer 'yes' to the COTS question in Appendix K, REQUIREMENTS TRACEABILITY MATRIX.</p> <p>However, in parts of this RFSO, it seems that Canada is using the term COTS more narrowly, to mean features that are in the currently EFCD (that was certified per ICD 1.7.8 Revision 1.6). For example, the Benchmark Test seems to expect to see all COTS features that are relevant to the benchmark. [See References #2, #3 &amp; #5 below.]</p> <p>• <b>Reference #1</b> ABES.PROD.PW_ZL.B107.E38 315.ATTA004.PDF</p>	<p>To assist, can Canada please clarify the intended meaning of the term COTS for this RFSO, especially in regards to Appendix K, REQUIREMENTS TRACEABILITY MATRIX?</p>	R12.6	<p>Based on the Vendor stating "(that was certified per ICD 1.7.8 Revision 1.6)" in relation to the Benchmark, there appears to be some confusion. Canada is not aware of any statement as quoted above in the RFSO concerning the Benchmark. The Vendor would need to identify this reference for Canada to further comment on that specifically.</p> <p>The definition of COTS in the context of this evaluation is any feature that can be available as part of the product, without new coding. That is, features that are available globally or available as add-ins would be considered COTS.</p> <p>The Vendor's proposed solution is <u>not</u> expected to be limited to the ICD 1.7.8 Revision 1.6 version of the Vendor's solution. Canada will be evaluating the Vendor's proposed solution that best satisfies the RFSO requirements. It is the Vendor's responsibility to provide the appropriate documentation and Benchmark configuration / documentation that supports their claims.</p>
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	<p>3.2 Software Updates, Defect Corrections, Change Requests, item 4:</p> <p>Any COTS product updates that are included in the Vendor's EFCD must be included in the RCMP/GC/CPMG EFCD software provided through this NMSO at no additional cost based on RCMP's approval. (M)</p> <ul style="list-style-type: none"> <li>• <b>Reference #2</b> ABES.PROD.PW_ZL.B107.E38 315.ATTA012.PDF</li> <li>3.4 Stage 3 – EFCD Benchmark Testing, item 10: Canada may, as a result of any demonstration of requirements, reduce the score of the Offeror on the COTS rated requirements.</li> <li>• <b>Reference #3</b> ABES.PROD.PW_ZL.B107.E38 315.ATTA013.PDF</li> <li>1.3 Scope, item 1: The RCMP will perform benchmark tests on the COTS technology proposed by those Offerors who have satisfactorily passed Stages 1 and 2 of the EFCD RFSO evaluation process.</li> <li>• <b>Reference #4</b> ABES.PROD.PW_ZL.B107.E38 315.ATTA014.PDF</li> <li>1.6 Mandatory Requirements Evaluation Table, item 4: The "COTS Y/N" column must indicate whether this requirement is satisfied by the Offeror's COTS product. The requirements identified in the RFSO Rated evaluation tables will be used to determine the COTS percentage of the Offeror's solution.</li> <li>• <b>Reference #5</b> ABES.PROD.PW_ZL.B107.E38 315.EBSU005.PDF</li> <li>Q5.4/R5.4: The Benchmark would only be used to confirm that the Vendor's</li> </ul>		
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		written proposal concerning the mandatory requirements satisfied by their COTS solution was consistent with the proposed Benchmark solution.			
<b>Q12.7</b>	Resulting Contract Clauses		As General Conditions 2030 is applicable to Call-ups, please confirm that Subsection 5.N.N0000C (Limitation of Liability – Information Management/Information Technology) of the SACC Manual will also be applicable.	<b>R12.7</b>	Limitation of Liability – Information Management/Information Technology is typically used for IM/IT contracts where the Contractor is required to build a new IM/IT system. In the case of the NMSO, Canada will be sourcing COTS products and off the shelf hardware readily available from the Offeror. N0000C “Limitation of Liability” was not used in the previous Standing Offer; therefore it is not required for this requirement as it is in large part the same.
<b>Q12.8</b>	Resulting Contract Clauses		Certain of the terms and conditions in the solicitation seem inconsistent with industry standards and incompatible with typical business practices. For example, Supplemental General Conditions 4003 and 4006 grant Canada the right to reproduce and modify Background Information, even though the Background Information is COTS.  Please confirm that we may include in our	<b>R12.8</b>	Supplemental General Conditions 4003 and 4006 are consistently used by Canada for procurements that include software. We are not aware of any inconsistencies with industry standards or incompatibility for that matter with typical business practices. Canada encourages the Bidder to provide more detail in that regard.  With respect to including proposal clarifications and provisions that align with typical standards and

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		proposal clarifications and provisions that align with typical standards and practices.		practices, the Bidder is reminded that in accordance with Part 2 "Offeror Instructions" of the RFSO; section 2.1, "Offerors who submit an offer agree to be bound by the instructions, clauses and conditions of the RFSO and accept the clauses and conditions of the Standing Offer and resulting contract(s). As such, an Offerors standard terms would not be accepted and if clarifications or terms and conditions are attached to your Offer (proposal) it may result in the Offer (proposal) being deemed non-responsive.
<b>Q12.9</b>	Resulting Contract Clauses	The terms and conditions in the solicitation do not address certain important matters covered in our standard terms and conditions.  Please confirm that we may include our standard terms in our proposal, with the understanding that our standard terms will be the lowest in the order of priority as stated in Section 7.12 of the Solicitation.	<b>R12.9</b>	With respect to including proposal clarifications and provisions that align with typical standards and practices, the Offeror is reminded that in accordance with Part 2 "Offeror Instructions" of the RFSO; section 2.1, "Offerors who submit an offer agree to be bound by the instructions, clauses and conditions of the RFSO and accept the clauses and conditions of the Standing Offer and resulting contract(s). As such, an Offerors standard terms would not be accepted and may result in the Offer (proposal) being deemed non-responsive.

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Q12.1 0	<p>Annex B to Appendix B – Section 2.2.1 item 2 ABES.PROD. PW-ZL.B107.E383 15.ATTA003) Appendix K – Requirements Traceability Matrix – Section 2.6 (ABES.PROD. PW-ZL.B107.E383 15.ATTA015)</p>	<p><b>• Section 2.2.1 RUGGEDIZED STANDALONE LIVESCAN KIOSK DETAILED REQUIREMENTS</b></p> <p>Item 2 states:</p> <ul style="list-style-type: none"> <li>The ruggedized Livescan steel protective cabinet must securely store the CPU, UPS, Fingerprint Scanner, keyboard, exhaust fans, power supply and any other components required to effectively operate the Livescan.</li> </ul> <p>Item 3 states:</p> <ul style="list-style-type: none"> <li>The ruggedized Livescan protective cabinet should have demonstrated proof that it has successfully operated with a Livescan configuration the same or similar to the Vendor's solution for at least two (2) years of continuous use. (R).</li> </ul>	<p>During the tenure of the current NMSO contract, we undertook to design, develop, test and deploy a "new" ruggedized standalone kiosk fully fabricated out of aluminum. As there was no previous requirement specifying kiosk material fabrication, this change was undertaken to address concerns regarding the overall weight of a fully outfitted kiosk and concerns regarding health and safety that arise when personnel are required to re-position the kiosk. We also considered the effects resulting from shipping and handling activities. The re-design and fabrication in aluminum resulted in a significant reduction in overall weight while assuring that the full structural integrity and durability of the kiosk is maintained.</p> <p>This design has been successfully deployed in excess of two (2) years in a variety of environments (RCMP detachments, regional / municipal law enforcement, border applications, etc.) and has continued to demonstrate and maintain full structural integrity and reliability.</p> <p><b>Question:</b></p> <p>Taking into consideration the rationale provided and the fact that our</p>	R12.10	<p>Yes, an aluminium protective cabinet is acceptable as long as it satisfies the other requirements.</p>
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		ruggedized livescan cabinet is an aluminum fabrication with a solid history of reliability and structural integrity; will Canada prepared to revise the requirement to accept this material as an alternative to steel?		
<b>Q.12.1 1</b>	Appendix B / Attachment 008 - Payment Schedule – Page 4 - Table C – Software Maintenance.	Will Canada please confirm: • that software maintenance included in pricing “Table C – Software Only Maintenance” constitutes a per unit price per year and, • that the pricing bands will be based on total ordering, rather than per order.	<b>R.12.11</b>	The software maintenance pricing in Table C includes the per unit price for each range of licenses. For example, “1 to 9 EFCDs (All TOTs)” will have a per unit price, per year.  The pricing will be based on the total actively ordered per department/agency. For example, if a department orders Software Only Maintenance (SOM) for 30 licenses and maintains this for two years the “25 to 50 EFCDs (All TOTs)” pricing applies. If they increase to 55 SOM licenses then the “Over 50 EFCDs (All TOTs)” pricing applies to all licenses.
<b>Q12.1 2</b>	Appendix B / Attachment 008 - Payment Schedule – Page 5 – “Table “D” – EXTENDED MAINTENANCE”.	Will Canada please confirm: • that Year 1 of Extended Maintenance included in pricing “Table “D” – Extended Maintenance” will actually begin at the end of the 1 year of warranty. Warranty for year 1 is included as part of the hardware pricing provided in “Table “B” – Hardware and Related Products”, thus the extended maintenance would only begin in year 2 of the	<b>R.12.12</b>	Canada can confirm that the Extended Maintenance pricing in Table D begins after the one (1) year warranty ends.

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		contract.		
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\* Q12.1 Reference:

#### **Appendix A: EFCD Statement of Requirement Vendor Corporate and Management Requirements Section 5.3.5 Delivery and Installation**

##### **5.3.5 DELIVERY AND INSTALLATION**

1. The Vendor must agree to supply, deliver, configure, install (if required by a Call-up), integrate and implement (if required by the Call-up), provide warranty, maintenance software support services and documentation for the EFCD(s) and other products ordered under this NMSO (as specified in the Call-up), to the Identified User, according to the prices, terms and conditions in this NMSO. Products must be delivered on an "as and when requested" basis to the location(s) specified in the Call-up, which may be locations anywhere in Canada when the Call-up is made in accordance with this NMSO. (M)
2. Each product and its supply, delivery, configuration, installation (if required by a Call-up), integration and implementation (if required by the Call-up) including the warranty, maintenance, software support services and associated documentation (as specified in the Call-up) is subject to inspection and acceptance by the Identified User. If the product(s) do not correspond to the System(s) (including configuration), or Component(s) offered under the NMSO or otherwise specified in the Call-up, or if the Products do not meet the Technical Specifications of the Call-up, the Vendor will be in default of this NMSO and Canada may reject the product(s) or require that they be corrected at the sole expense of the Vendor before accepting them. No payment for any product is due under the NMSO unless the product is accepted. No restocking fees or other charges will apply to products that are not accepted. (M)
3. If any product fails to perform in accordance with the Technical Specifications and

#### **Appendix A: EFCD Statement of Requirements: Chapter 1. Introduction Section 1.5 Document Purpose**

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## 1.5 Document Purpose

1. The purpose of this SOR is to present the RCMP/GC/CPMGs functional, technical, support and maintenance requirements of the EFCD NMSO to be delivered by the Vendor. (I)
2. The requirements contained in this document and referenced in other attached documents will be used by Canada to select one (1) Vendor to establish a standing offer for hardware and software that is to be installed, configured, supported, maintained and made fully operational according to the requirements stated throughout this SOR and its accompanying documents. (I)
3. This document provides the requirements that must be supported to enable the RCMP, GC and CPMGs to effectively create, submit and process all TOTs identified in the NPS-NIST-ICD 1.7.8 Rev 1.6 as well as the IMM transaction and its associated response TOTs in NPS-NIST ICD 2.1.1 Revision 3.0, for Immigration External Contributor. This document also details the functional requirements, technical requirements, interface specifications, performance, capacity requirements, quality, security, availability, integrity, training, implementation, support and maintenance requirements that the Vendor must satisfy. (M)

## Appendix A: EFCD Statement of Requirement: Chapter 4.A Section 4.2 Changes to Certified Devices

### 4.2 Changes to Certified Devices

1. The Vendor's EFCDs would have been previously certified to ICD 1.7.8 Rev 1.6 with the Vendors OS and configuration. However, the NMSO EFCDs must be approved, and recertified, if necessary, with an RCMP/GC/CPMGs approved OS and configuration. (M)
2. The Vendor must complete all required changes necessary to satisfy all the requirements in this SOR and its accompanying documents that were not satisfied by the Vendor's ICD 1.7.8 Rev 1.6 Certified EFCDs including the Rated requirements identified as met or will be met in the Contractor's proposal. (M)
3. The Vendor must complete all required changes necessary to satisfy all the requirements in this SOR and its accompanying documents for the Vendor's SMTP-SPOI server(s). (M)
4. The Vendor must install their software on the RCMP/GC/CPMGs approved OS on the Vendor's EFCDs and ensure all the requirements in this SOR and its accompanying documents are satisfied. (M)
5. The Vendor must configure the Vendor's EFCDs to support RCMP/GC/CPMGs automatic WSUS updates. The Vendor's EFCDs must satisfy all the requirements in this SOR and its accompanying documents with the RCMP/GC/CPMGs WSUS configuration. (M)
6. The Vendor must configure the Vendor's EFCDs to support the RCMP/GC/CPMGs McAfee ePo or alternative anti-virus software if McAfee is not used. The Vendor's EFCDs must satisfy all the requirements in this SOR and its accompanying documents while receiving ePo, updates, or alternative anti-virus software if McAfee is not used, based on the RCMP/GC/CPMGs configuration. (M)

Solicitation No. - N° de l'invitation	Amd. No. - N° de la modif.	Buyer ID - Id de l'acheteur
M7594-191708/B	012	107zl
Client Ref. No. - N° de réf. du client	File No. - N° du dossier	CCC No./N° CCC - FMS No./N° VME
M7594-191708	107zl.M7595-191708	

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**2. MODIFICATIONS:**

**NO MODIFICATIONS ARE RAISED AS PART OF SOLICITATION AMENDMENT 012**



Royal Canadian  
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du Canada

## Criminal Fingerprint Identification Identification dactyloscopique criminelle

Arrived - Arrivé	Certified - Certifié par	Verified - Vérifié
------------------	--------------------------	--------------------

T T T T T T

1. R. Thumb - Pouce D.

2. R. Index - Index D.

3. R. Middle - Majeur D.

4. R. Ring - Annulaire D.

5. R. Little - Auriculaire D.

6. L. Thumb - Pouce G.

7. L. Index - Index G.

8. L. Middle - Majeur G.

9. L. Ring - Annulaire G.

10. L. Little - Auriculaire G.

Four Fingers Taken Together - Impression simultanée des quatre doigts

L. Thumb  
Pouce G.

R. Thumb  
Pouce D.

RTID ORI / Name / Address of Contributing Agency * IND / nom / adresse du service contributeur *	Contributor's No./Reference No. N° du contributeur N° de référence	Name of official taking fingerprints * Nom du préposé aux empreintes * Name of official taking fingerprints * Nom du préposé aux empreintes *	Date fingerprinted (YYYY-MM-DD) * Date de prélèvement des empreintes (AAAA-MM-JJ) *	
Surname * - Nom de famille *	Given Names * - Prénoms *			
Other names - aliases, nicknames, maiden name Autres noms - noms d'emprunt, surnoms, nom de jeune fille	Place of birth (city, province & country) Lieu de naissance (ville, province et pays)	Date of birth (YYYY-MM-DD) * Date de naissance (AAAA-MM-JJ) *	Young Person Adolescent <input type="checkbox"/>	
Apartment / Unit #, Street address * - No d'app./d'unité, adresse municipale *	City * - Ville *	Province	FPS NO. - N° SED	
Gender * - Sexe * <input type="checkbox"/> Male Homme <input type="checkbox"/> Female Femme	Height - Taille (cm)	Weight - Poids(kg)	Eyes - Yeux	Hair-Cheveux
Race <input type="checkbox"/> White Blanche <input type="checkbox"/> Other Autre	Caution - Mise en garde <input type="checkbox"/> Violent Violent <input type="checkbox"/> Suicidal Suicidaire <input type="checkbox"/> Escape risk Risque d'évasion	Photo ->		
Peculiarities, marks, scars, tattoos, deformities, etc. - Traits caractéristiques, marques, cicatrices, tatouages, difformités, etc.				
Offence Information - Renseignements sur l'infraction <input type="checkbox"/> Sex related Infraction sexuelle <input type="checkbox"/> Spousal assault Violence conjugale <input type="checkbox"/> Child sex offence Aggression sexuelle sur enfant  Victim - Victime <input type="checkbox"/> M <input type="checkbox"/> F      Age Âge	<input type="checkbox"/> Other family violence Autre type de violence familiale	Information has been sworn * La dénonciation a été faite sous serment *  + <input type="checkbox"/>	Date arrested (YYYY-MM-DD) * Arrêté le (AAAA-MM-JJ) *	
Date and Place of Sentence Date et lieu de la sentence	Date of Offence Date de l'infraction  YYYY-MM-DD AAAA-MM-JJ	Charge - Exact Section - Statute Accusation - Article exact - Loi		Disposition Décision
Investigating Agency * - Organisme d'enquête *				

\* Mandatory  
\* Obligatoire

+ Charges must be sworn before fingerprints are submitted

+ Le dépôt d'accusations doit précéder la transmission de dactylogrammes.

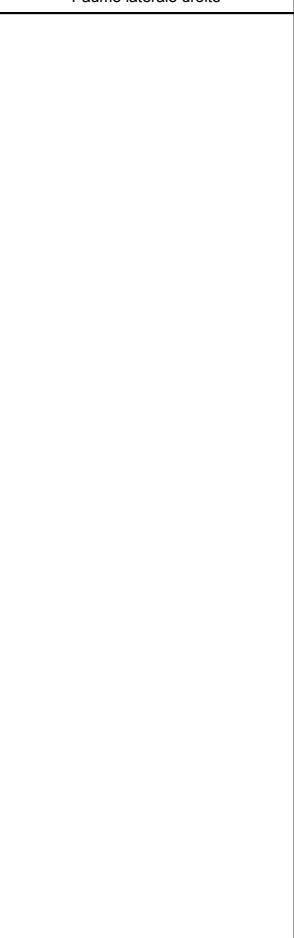
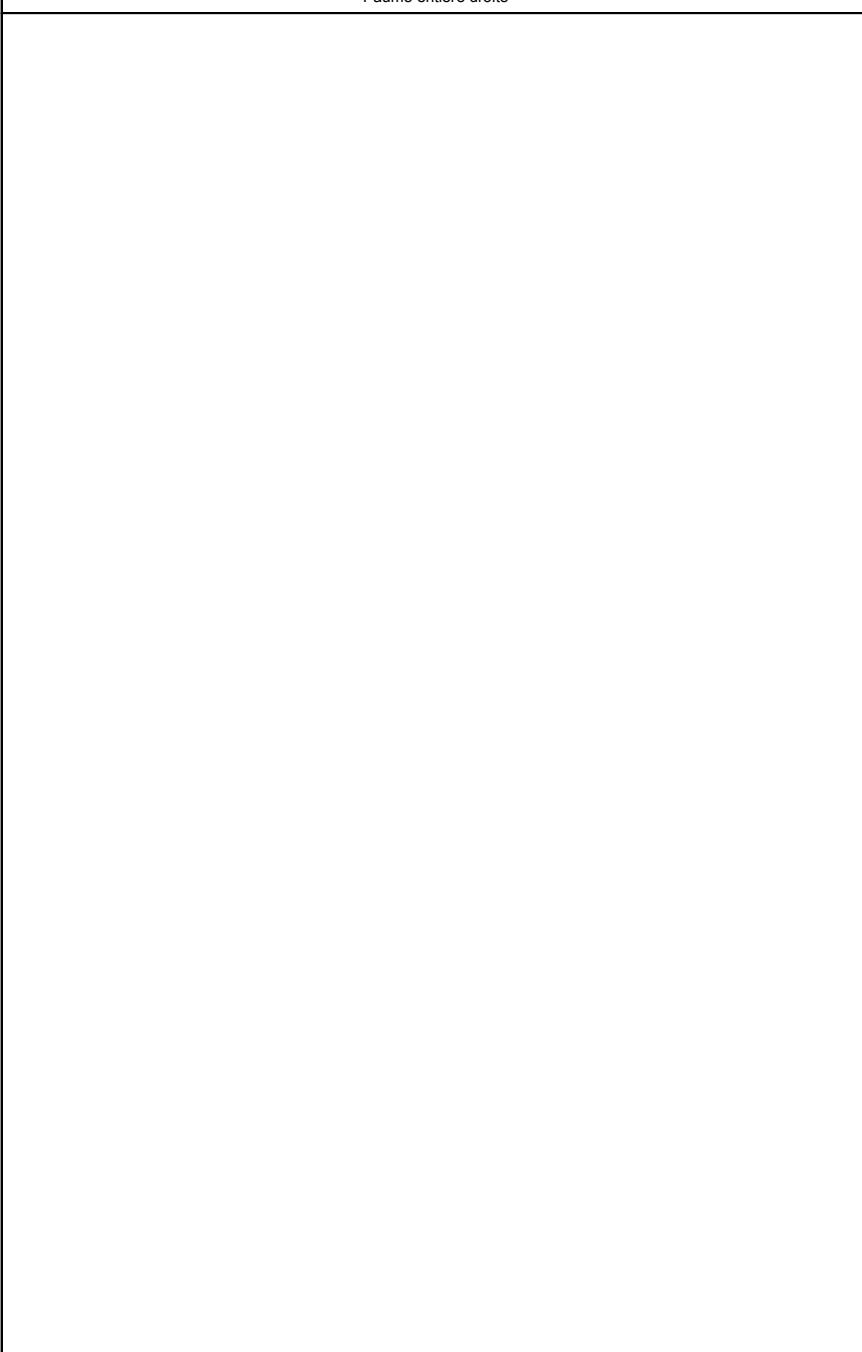
RCMP GRC C-216 (2014-01)

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Canada

Surname - Nom de famille	Given Names - Prénoms	
Contributor's No./Reference No. N° du contributeur / N° de référence	FPS NO. - N° SED	Date fingerprinted (YYYY-MM-DD) Date de prélèvement des empreintes (AAAA-MM-JJ)

**Right palm impressions**  
**Empreintes de la paume droite**

Right writer's palm Paume latérale droite	Right full palm Paume entière droite
	
	

Surname - Nom de famille	Given Names - Prénoms	
Contributor's No./Reference No. N° du contributeur / N° de référence	FPS NO. - N° SED	Date fingerprinted (YYYY-MM-DD) Date de prélèvement des empreintes (AAAA-MM-JJ)

**Left palm impressions  
Empreintes de la paume gauche**

Left writer's palm Paume latérale gauche	Left full palm Paume entière gauche



Royal Canadian  
Mounted Police Gendarmerie royale  
du Canada

**FINGERPRINT  
IDENTIFICATION**

**IDENTIFICATION  
DACTYLOSCOPIQUE**

TO The Director, CCRTIS  
RCMP HQ, NPS Bldg.  
1200 Vanier Parkway  
Ottawa ON K1A 0R2

À Le directeur des Services canadiens  
d'identification criminelle en temps réel  
DG de la GRC, imm. des SNP  
1200, promenade Vanier  
Ottawa ON K1A 0R2

FOR IDENTIFICATION PURPOSES ONLY - AUX FINS DE L'IDENTIFICATION SEULEMENT

TCN

AFIS - SAID

**BAR CODE - CODE À BARRES**

Thumb - Pouce	Index	Middle - Médius	Ring - Annulaire	Little - Auriculaire
R I G H T				
D R O I T				
L E F T				
G A U C H E				

IF ANY FINGERPRINT IS NOT RECORDED, GIVE REASON - IF AMPUTATED, DEFORMED OR INJURED, GIVE DATE  
S'IL MANQUE UNE EMPREINTE, INDICER POURQUOI - EN CAS D'AMPUTATION, DE DÉFORMATION OU DE BLESSURE, DONNER LA DATE  
FOUR FINGERS TAKEN TOGETHER - IMPRESSION SIMULTANÉE DES QUATRE DOIGTS

LEFT THUMB  
POUCHE GAUCHE

RIGHT THUMB  
POUCHE DROIT

Signature of person fingerprinted Signature de la personne dactyloscopiée	Official taking fingerprints Préposé aux empreintes	Date Fingerprinted - Date de prélèvement des empreintes Y - A M D - J
--	--	---

PERSON FINGERPRINTED - PERSONNE DACTYLOSCOPIÉE Surname - Nom de famille	Given Name 1 - Prénom 1	Given Name 2 - Prénom 2	Other Given Names - Autres prénoms
Maiden name, former surname(s) - Nom de jeune fille, nom(s) de famille antérieur(s)			

Date of Birth - Date de naiss. Y - A M D - J	Sex - Sexe <input type="checkbox"/> M <input type="checkbox"/> F	Telephone No - N° de téléphone	Language of Result - Langue des résultats <input type="checkbox"/> English Anglais <input type="checkbox"/> French Français
---	---	--------------------------------	--

Apartment/Unit No. - Street Address - N° d'app./d'unité - adresse municipale	City - Ville	Province	Postal code - Code postal
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Reason for application (MUST BE COMPLETED) - Raison de la demande (DOIT ÊTRE REMPLI)

Visa/Waiver  
Visa/Dispense

Pardon Application  
Demande de réhabilitation

Employment (specify)  
Emploi (préciser)

\_\_\_\_\_

Canadian Citizenship  
Citoyenneté canadienne

Adoption  
Adoption

Volunteer (specify)  
Bénévolat (préciser)

\_\_\_\_\_

Immigration to Canada (LIS)  
Immigration au Canada (SIR)

Privacy Act  
Loi sur la protection des  
renseignements personnels

Other (specify)  
Autre (préciser)

\_\_\_\_\_

Reference Number - Numéro de référence

Vulnerable Sector (attach consent Form)  
Secteur vulnérable (joindre la formule de consentement)

Fingerprinting Agency / Department  
Service ou organisme prenant les empreintes

Return Result to (Name and Address of Authorized Agency)  
Envoyer les résultats à (nom et adresse de l'organisme autorisé)

NOTE: The provisions of the Code of Fair Information Practices  
established by sections 4 to 8 of the *Privacy Act* apply.  
This information is retained in PIB CMP/PU-030.

NOTA: Les dispositions du Code de pratiques équitables en matière de renseignements établies  
par les articles 4 à 8 de la *Loi sur la protection des renseignements personnels* s'appliquent.  
Ces renseignements sont conservés dans le FRP GRC/P-PU-030.



Royal Canadian  
Mounted Police Gendarmerie royale  
du Canada

**FINGERPRINT  
IDENTIFICATION ID FLATS**

**IDENTIFICATION  
DACTYLOSCOPIQUE ID FLATS**

TO The Director, CCRTIS  
RCMP HQ, NPS Bldg.  
1200 Vanier Parkway  
Ottawa ON K1A 0R2

À Le directeur des Services canadiens  
d'identification criminelle en temps réel  
DG de la GRC, imm. des SNP  
1200, promenade Vanier  
Ottawa ON K1A 0R2

FOR IDENTIFICATION PURPOSES ONLY - AUX FINS DE L'IDENTIFICATION SEULEMENT

TCN

AFIS - SAID

**BAR CODE - CODE À BARRES**

IF ANY FINGERPRINT IS NOT RECORDED, GIVE REASON - IF AMPUTATED, DEFORMED OR INJURED, GIVE DATE  
S'IL MANQUE UNE EMPREINTE, INDiquer POURQUOI - EN CAS D'AMPUTATION, DE DEFORMATION OU DE BLESSURE, DONNER LA DATE

LEFT HAND - MAIN GAUCHE MISSING FINGERPRINT REASON - RAISON D'EMPREINTE MANQUANTE					RIGHT HAND - MAIN DROITE MISSING FINGERPRINT REASON - RAISON D'EMPREINTE MANQUANTE				
Little - Auriculaire	Ring - Annulaire	Middle - Médius	Index	Thumb - Pouce	Thumb - Pouce	Index	Middle - Médius	Ring - Annulaire	Little - Auriculaire

LEFT FOUR FINGERS TAKEN TOGETHER  
MAIN GAUCHE - IMPRESSION SIMultanée DES QUATRE DOIGTS

RIGHT FOUR FINGERS TAKEN TOGETHER  
MAIN DROITE - IMPRESSION SIMultanée DES QUATRE DOIGTS

LEFT THUMB  
POUCE GAUCHE

RIGHT THUMB  
POUCE DROIT

Signature of person fingerprinted  
Signature de la personne dactyloscopiée

Official taking fingerprints  
Préposé aux empreintes

Date Fingerprinted - Date de  
prélèvement des empreintes  
Y - A M D - J

**PERSON FINGERPRINTED - PERSONNE DACTYLOSCOPIÉE**

Surname - Nom de famille

Given Name 1 - Prénom 1

Given Name 2 - Prénom 2

Other Given Names - Autres prénoms

Maiden name, former surname(s) - Nom de jeune fille, nom(s) de famille antérieur(s)

Date of Birth - Date de naiss.  
Y - A M D - J

Sex - Sexe

M

F

Telephone No - N°de téléphone

Language of Result - Langue des résultats

English

Anglais

French

Français

Apartment/Unit No. - Street Address - N° d'app./d'unité - adresse municipale

City - Ville

Province

Postal code - Code postal

Reason for application (MUST BE COMPLETED) - Raison de la demande (DOIT ÊTRE REMPLI)

Visa/Waiver  
Visa/Dispense

Pardon Application  
Demande de réhabilitation

Employment (specify)  
Emploi (préciser)

\_\_\_\_\_

Canadian Citizenship  
Citoyenneté canadienne

Adoption  
Adoption

Volunteer (specify)  
Bénévolat (préciser)

\_\_\_\_\_

Immigration to Canada (LIS)  
Immigration au Canada (SIR)

Privacy Act  
Loi sur la protection des  
renseignements personnels

Other (specify)  
Autre (préciser)

\_\_\_\_\_

Reference Number - Numéro de référence

Vulnerable Sector (attach consent Form)  
Secteur vulnérable (joindre la formule de consentement)

Fingerprinting Agency / Department  
Service ou organisme prenant les empreintes

Return Result to (Name and Address of Authorized Agency)  
Envoyer les résultats à (nom et adresse de l'organisme autorisé)

NOTE: The provisions of the Code of Fair Information Practices  
established by sections 4 to 8 of the *Privacy Act* apply.  
This information is retained in PIB CMP/PU-030.

NOTA: Les dispositions du Code de pratiques équitables en matière de renseignements établies  
par les articles 4 à 8 de la *Loi sur la protection des renseignements personnels* s'appliquent.  
Ces renseignements sont conservés dans le FRP GRC/P-PU-030.



Royal Canadian  
Mounted Police      Gendarmerie royale  
du Canada

**REFUGEE FINGERPRINT  
IDENTIFICATION**

**IDENTIFICATION DACTYLOSCOPIQUE  
RÉFUGIÉ**

DCN			
Certified - Certifié par	Classifier Préposé au classement	AFIS - SAID	
	Regional Identifier Identificateur régional	YOB - ADN	

**BAR CODE - CODE À BARRES**

Thumb - Pouce	Index	Middle - Médius	Ring - Annulaire	Little - Auriculaire
R I G H T				
D R O I T				
L E F T				
G A U C H E				

IF ANY FINGERPRINT IS NOT RECORDED, GIVE REASON - IF AMPUTATED, DEFORMED OR INJURED, GIVE DATE  
S'IL MANQUE UNE EMPREINTE, INDICER POURQUOI - EN CAS D'AMPUTATION, DE DÉFORMATION OU DE BLESSURE, DONNER LA DATE  
**FOUR FINGERS TAKEN TOGETHER - IMPRESSION SIMULTANÉE DES QUATRE DOIGTS**

LEFT THUMB  
POUCHE GAUCHE

RIGHT THUMB  
POUCHE DROIT

Send response to - Envoyer la réponse à	Contributing Agency Organisme contributeur	Official taking fingerprint Préposé aux empreintes	Date Fingerprinted - Date de prélèvement des empreintes Y - A   M   D - J	
Signature of person fingerprinted - Signature de la personne dactyloscopiée		Refugee File No. - N° de dossier du réfugié		
Surname - Nom de famille	Given Names - Prénoms	CBSA/CIC - ASFC/CIC	FOSS - SSOBL	
Other names, aliases, nicknames, maiden name, etc. Autres noms, surnoms, nom de jeune fille, etc.		Complexion - Teint		
		Occupation - Emploi		
Address - Adresse		Sex - Sexe <input type="checkbox"/> M <input type="checkbox"/> F	Hair - Cheveux Eyes - Yeux	
Peculiarities, marks, scars, tattoos, deformities, etc. Traits caractéristiques, marques, cicatrices, tatouages, difformités, etc.		DOB - DDN Y - A   M   D - J	Height - Taille (cm)	Weight - Poids (kg)
		Port and date of entry in Canada Port d'entrée et date d'arrivée au Canada		Date Y - A   M   D - J
Race <input type="checkbox"/> White <input type="checkbox"/> Non white (specify) Blanche   Autre (préciser) _____				
Place of Birth - Lieu de naissance City - Ville		Country - Pays		
Name of Father - Nom du père				
Name of Mother - Nom de la mère				

**NOTE:** The provisions of the Code of Fair Information Practices established by sections 4 to 8 of the Privacy Act apply.  
This information is retained in PIB CMP/PU-030.

**NOTA:** Les dispositions du Code de pratiques équitables en matière de renseignements établies par les articles 4 à 8 de la Loi sur la protection des renseignements personnels s'appliquent.  
Ces renseignements sont conservés dans le FRP GRC/P-PU-030.

Contributor's No./Reference No. N° du contributeur/N° de référence		Surname Nom de famille	Given Names Prénoms	FPS NO. N° SED
Date and Place of Sentence Date et lieu de la sentence	Date of Offence Date de l'infraction	Charge - Exact Section - Statute Accusation - Article exact - Loi	Disposition Décision	
	YYYY-MM-DD AAAA-MM-JJ			

Peculiarities, marks, scars, tattoos, deformities, etc.  
 Traits caractéristiques, marques, cicatrices, tatouages, difformités, etc.

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Other names - Autres noms

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