



RFx002532

**CANADA MORTGAGE AND HOUSING CORPORATION**

**ADDENDUM NO. 1**

**REQUEST FOR PROPOSAL**

**FOR**

**Appraisal and Progress Advance Validation Management Services**

**Request for Proposal No:** 002532

**Date Addendum Issued:** February 9, 2024

**Submission Deadline:** March 15, 2024 at 10:00 a.m. local Ottawa time

**Bid Submission Email:** [EBID@cmhc-schl.gc.ca](mailto:EBID@cmhc-schl.gc.ca)

**Address Inquiries to:**

Sara Brady, Sr. Procurement Advisor, Procurement Services

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## Section 1: Changes to the RFP

**Change (C) 1:** The cover page of the RFP has been amended as follows. Deletions have been ~~struck out~~. Additions are in **bold**.

Address Inquiries to the RFP Contact: Sara Brady, Senior Procurement Officer

Email: [sbrady@cmhc-schl.gc.ca](mailto:sbrady@cmhc-schl.gc.ca) and [procurementsourcingtteam@cmhc-schl.gc.ca](mailto:procurementsourcingtteam@cmhc-schl.gc.ca)

**To ensure receipt, the email subject line for inquiries should read Appraisal and Progress Advance Validation Management Services RFP 002532.**

**C2.** The Solicitation Number on CanadaBuys.ca and in all areas of the enclosed Appendix B Pricing Form has been corrected to 002532.

**C3.** Appendix C RFP Specifications, Section H. Mandatory Submission Requirements is amended as follows. Deletions have been ~~struck out~~. Additions are in **bold**.

### H. MANDATORY SUBMISSION REQUIREMENTS

#### MSR 1. SUBMISSION FORM (APPENDIX A)

Each proposal must include a Submission Form (Appendix A) completed and signed by an authorized representative of the proponent.

#### MSR 2. PRICING FORM (APPENDIX B)

Each proposal must include a Pricing Form (Appendix B) completed according to the instructions contained in the form.

#### OTHER MANDATORY SUBMISSION REQUIREMENTS

~~MSR 3.~~ Each proposal must include:

**MSR 3.** Privacy and Security Questionnaire (Appendix E) completed according to the instructions contained in the form.

**MSR 4. Mandatory Technical Requirements Form (Appendix K) completed according to the instructions contained in the form.**

**MSR 5. CMHC Business Continuity and Disaster Recovery Attestation Form (Appendix L) completed according to the instructions contained in the form.**

**C4.** Appendix C – RFP Specifications, Section J. PRE-CONDITIONS OF AWARD is amended as follows. Deletions have been ~~struck out~~. Additions are in **bold**.

- a. Information Security Assessment (Appendix E - Privacy and Security Questionnaire)
- b. **Business Continuity and Disaster Recovery Attestation (Appendix L - CMHC Business Continuity and Disaster Recovery Attestation Form)**

Proponents must demonstrate that they have the required IT infrastructure in place to safeguard third-party personal information (such as personal information from CMHC employees) and any CMHC Data. Therefore, proponents must review and be able to adhere to CMHC's Security Standards outlined in Appendix E **and Appendix L**.

The proponent must complete and provide to CMHC with its proposal the questionnaire in Appendix E – Privacy and Security Questionnaire **and Appendix L - CMHC Business Continuity and Disaster Recovery Attestation Form**.

The assessment of the security measures is a pass/fail evaluation to determine whether the selected proponent has the measures required to provide CMHC with reasonable assurance that it will be able to meet its obligations if it enters into an agreement with CMHC.

**C5.** The following Section 6.05 Audit is hereby incorporated into Appendix D – Form of Agreement, Article VI. Information Privacy and Security and becomes part of the RFP.

#### Section 6.05 Audit

The Service Provider shall keep complete and accurate records and statements relating to this Agreement and the delivery of the Services ("Records") during the Term and for a period of seven (7) years following the end of the Term or such shorter period as permitted by Applicable Law. The Service Provider shall at all reasonable times, in the event of an audit, permit inspection of such records and statements by CMHC's internal or external auditors. The Service Provider shall provide CMHC and/or its auditors with sufficient original documents in order to conduct the audit and allow CMHC to inspect and make copies of such records and interview Service Provider Personnel in connection with the provision of the Services at its own expense. An audit may be conducted without prior notice, however, CMHC agrees to cooperate with the Service Provider in the course of conducting any audit in order to avoid disruption in day-to-day operations.

**C6.** Appendix K Mandatory Technical Requirements Form included in Section 3 of this Addendum 1 is hereby incorporated and becomes part of the RFP.

**C7.** Appendix L CMHC Business Continuity and Disaster Recovery Attestation Form included in Section 3 of this Addendum 1 is hereby incorporated and becomes part of the RFP.

**C8.** The Table of Contents and Appendix G have been corrected in the French version of the RFP and uploaded to CanadaBuys.

## **Section 2: Questions and Answers**

**Question (Q) 1:** It is not specified in the online documentation how we can submit a proposal just for the Province of Quebec and not for all of Canada.

**Answer (A) 1:** In Appendix A – Submission Form, section 3, there is a section where we ask you to confirm the services you are bidding on. In Appendix B – Pricing Form, Table 1, if you are only bidding on Progress Advance Validations for the Province of Quebec, please enter your pricing into column 4.

### Section 3: Appendices

#### APPENDIX K – MANDATORY TECHNICAL REQUIREMENTS FORM

The Proponent must:

- complete this Mandatory Technical Requirements Form and submit it with the Proposal.
- provide a statement per each MTR below as to **how** the proponent complies with the mandatory technical requirement(s) outlined below. A yes or no answer is not sufficient.

MANDATORY TECHNICAL REQUIREMENT	PROPONENT'S RESPONSE
<b>MTR 1. Data Residency.</b> Proponents must ensure that all of CMHC Data, while at rest or in transit, must be encrypted and reside in Canada at all times. Data residency in Canada is not mandatory for regular business communication that does not include sensitive and/or protected or secret information (including personal information).	
<b>MTR 2. Data Security.</b> In the event CMHC must share documents containing sensitive and/or protected information (including personal information) with the selected proponent, the selected proponent must be able to comply with, and facilitate CMHC's compliance with the applicable Canadian privacy and access to information legislation and warrants that it has all necessary safeguards in place to protect CMHC Data (including personal information) in its computer network.	
<b>MTR 3. Bilingualism.</b> Proponents must be able to demonstrate their ability to provide services in English and French.	
<b>MTR 4. Expertise of Agency.</b> Proponents must be able to demonstrate their national reach across Canada (for example, the ability to deliver services nationally on short notice).	

**APPENDIX L – CMHC BUSINESS CONTINUITY AND DISASTER RECOVERY ATTESTATION FORM**

**PART A**

**Company Name:** XXXXXXXX

**Contract #:** XXXXXXXX

1. Please identify your Business Continuity & Disaster Recovery Contact Person. (Primary and alternate).

_____ Name (Primary)	_____ Name (Alternate)
_____ Title	_____ Title
_____ Mailing Address	_____ Mailing Address
_____ Telephone number	_____ Telephone number
_____ E-mail Address	_____ E-mail Address

<b>2. Please confirm (and where possible provide documentation) that the Business Continuity and Disaster Recovery Plans for the business functions/services you provide to CMHC is current and meets the following requirements:</b>		<b>Yes</b>	<b>No</b>
a.	The plans are developed to maintain the current service level agreement/contract in any circumstances which may have a significant impact on your organization;		
b.	The plans address worst case scenario(s), including drastic reductions (up to 50%) of your workforce;		
c.	The plans are scoped to include technology failures such as prolonged outages (this should change in accordance with the Recovery Time Objective (RTO) in the contract), loss of systems such as hardware failures, computer viruses, etc.		
d.	The plans are scoped to include natural disasters, terrorist attacks, etc.		
e.	The plans include a comprehensive Business Impact Analysis (BIA);		
f.	The plans include communication strategies and critical contact names and telephone numbers;		
g.	The plans include notification mechanism to CMHC, should these changes impact your ability to perform the contracted business functions;		
h.	The plans are maintained, reviewed, and approved at least annually at an appropriate management level		
i.	The plans are exercised at least annually;  If yes, please provide the following information about the latest exercise:  <b>Business Continuity:</b> Date: Type: Result:  <b>Disaster Recovery:</b> Date: Type: Result:		

3.	Please confirm (and where possible provide documentation) whether the business functions/services you provide to CMHC have been sub-contracted.		
4.	Please confirm that the sub-contractor's Business Continuity and Disaster Recovery Plans meets the requirements outlined in two, above.		
5.	I identify and attest that all dependencies including our 3rd party service providers support the current service level agreements/contracts with CMHC and recognize that full compliance must be maintained at all time.		

If the above response is 'No', please provide justification:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Completed by Service Provider Senior Executive Officer (or delegated authority)**

**Executive Officer Name (Printed):** \_\_\_\_\_

**Executive Officer Title (Printed):** \_\_\_\_\_

**Signature Executive Officer:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PART B**

**Validation** (to be completed by CMHC)

1. Based on the results noted in this Report on Outsourcing Compliance dated [insert date], [insert provider name] asserts the following compliance status (check one):

**Compliant** (All CMHC requirements are met)

**Non-Compliant** (Some CMHC requirements are met)

**Target Date for Compliance:** \_\_\_\_\_

**Completed by CMHC BCM Lead (or delegated authority)**

**CMHC BCM Name (Printed):** \_\_\_\_\_

**CMHC BCM Title (Printed):** \_\_\_\_\_

**Signature BCM Lead:** \_\_\_\_\_

**Date:** \_\_\_\_\_