

Response to Bidder's questions

1. **Mobile Application Requirement:** The scope specifies dedicated iOS and Android mobile applications with social feed functionality (likes, comments, tagging, bookmarking, etc.). Could UC Davis Health confirm whether having a proprietary mobile app is mandatory, or if solutions that deliver targeted mobile-first communications through **email, SMS, and integrations with existing platforms (e.g., SharePoint, Teams)** will be considered responsive?

R: We will consider these as responsive. The goal is for employees to be able to easily access information and functionality on their own mobile devices, with authentication.

2. **Artificial Intelligence Features:** The RFP notes support for generative AI/AI with admin controls. Are there specific AI use cases UC Davis Health prioritizes (e.g., **content creation assistance, predictive analytics, or campaign optimization**) that vendors should emphasize?

R: We do not have specific capabilities in mind at this time, but recognize that future communications are very likely to include, or be based upon, forms of AI, so we want a platform that will support future capabilities in this area.

3. **Integrations:** UC Davis Health lists integrations with SharePoint, Teams, Slack, HRIS/Active Directory, etc. Are there priority integrations (e.g., **Workday for HRIS, Epic/MyChart for healthcare workflows**) that are mandatory versus optional?

R: Teams, SharePoint, HRIS-Oracle/Active Directory,, M365 Office functionalities, vendor for content management (disclose to the awarding bidders),. We do not currently utilize Workday, and we do not anticipate accessing Epic/MyChart through this application.

4. Pricing is based largely on end-user licensing. Approximately how many end users does UCDH intend to reach with the selected solution?

R: For planning purposes, please plan for 20,000 users.

5. Does UCDH intend to use the selected vendor as a digital front door that will replace their intranet home page?

R: Most likely, yes.

6. Regarding Digital Signage, does UCDH have a current provider? If not, would they require the selected vendor to provide the signage hardware as well as software?

R: We have a current vendor that provides digital signage.

7. Can you provide more context on the requirement for support for crisis and emergency notifications? Does UCDH have a current provider for this?

R: We currently work with a Vendor for emergency notifications. It has a limited ability to segment audiences, without building separate lists manually for each sub-audience. The ability to segment audiences for timely or emergency notifications by group (e.g., students, physicians) is a key functionality we are seeking.

8. Regarding this utility requirement “Ability to connect and display utility data to employees from existing corporate systems “ - what specific systems are requirements

R: Please see Q#3.

9. Based on Exhibit C Cost Proposal - is UCDH considering a 5-year agreement?

R: We are looking forward to a long-term engagement, but various factors will influence the decision, especially pricing and terms, for a decision between a 3-year or 5-year term.

10. Does UCDH have an intended go-live date for the solution

R: Plan for early 2026 to begin work with the go-live organization-wide later in the year.

11. When does UCDH intend to select a vendor and execute contracts?

R: Late 2025 or early 2026.

12. Section 6.2.2 – To-Dos and Task Management

- 12.1. Please provide more insight into the use case for to-dos and task management.

R: We don’t expect to use this platform for to-do or task management.

- 12.2. A few practical examples would be helpful to ensure clarity.

R: N/A

13. User Population

With guidance of 20,000 employees and nearly 1,000 students and learners, please confirm:

- 13.1. Students and learners are part of scope and pricing, making the total 21,000 users.

R: For planning purposes and standardization of responses, please plan for 20,000 users.

- 13.2. How many users are clinical?

R: Depending upon the definition of ‘clinical’, approximately 15,000 of the users are working in clinical care environments.

13.3. How many users are non-clinical and staff?

R: The remaining 5,000 users.

13.4. Are there any users who would be mobile-only in their use of the solution?
When does UCDH intend to select a vendor and execute contracts?

R: Yes. Vendor selected in late 2025 or early 2026, with contract execution upon award decision and agreement of terms.

14. There are a number of mentions around creating custom groups and dynamic groups of employees. Can you provide common examples where this takes place and how you communicate with them?

R: This is not currently taking place, so it is a desired capability to speak to students, separately from physicians, separately from nurses, separately from staff on the main Sacramento Campus, vs. staff based in clinics located in communities around the market (as some examples).

15. What are examples/differences of scheduled notifications you might send out vs scheduled posts or communications?

R: A scheduled notification might include 'get your flu shot by Nov 1', a scheduled post might be today's menus in the cafes, and communication examples would consist of twice-a-week employee newsletters including articles with relevant information tailored to that specific audience. (Meaning, different audiences would see other stories in their newsletter, targeted to their function as students, physicians, etc.)

16. Regarding the question, "Solution will be able to dispatch regular emails." Please explain this need in greater detail.

R: An example would include our twice-a-week employee newsletter, including articles with relevant information tailored to that specific audience. (Meaning, different audiences would see other stories in their newsletter, targeted to their function as students, physicians, etc.)

17. What is your expected relationship between a new tool and Sharepoint?

R: That information posted on SharePoint could be accessed easily and seamlessly through the app, when searched by the user or served up through a communication pointing to the SharePoint content.

18. "Select users should be able to create user roles." Please explain the use case with this question in more detail if possible. Is this administrative users selecting a user role or something else?

R: Yes, but not fully system administrators, but a secondary level, or sub-admin, level of user (perhaps a 'super user') that can build a targeted audience of, for example, people within their own Department.

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19. **Geotargeting** ○ Regarding the ability for geotargeting push notifications, can UC Davis Health confirm that targeting based on a user's location attribute (e.g., set by HRIS data or manual group) is sufficient or is live GPS tracking a mandatory requirement?
R: Live GPS identification of location would be preferable, but if not possible, then a user's location attribute may suffice. We can currently target users based on their assigned location attribute. Still, with a highly mobile workforce, users are frequently in other locations and would miss communications targeted to a specific location if it is not their 'home' location.
20. **Trending Content** ○ For the requirement of users seeing trending content, does UC Davis Health need "trending" to be defined by engagement metrics (e.g., likes, comments, shares) or determined by a proprietary algorithmic feed?
R: Either or both.
21. **Translation Capabilities** ○ Can UC Davis Health clarify if the current need for translation extends to capabilities like translating content within connected links and systems, or if machine translation per content/device is acceptable?
R: Per content/device is acceptable.
22. **Compliance Campaigns** ○ Can UC Davis Health define the required complexity of compliance workflows?
R: Compliance itself is highly complex and requires specialized expertise, so a complete answer cannot be provided. However, what is anticipated are some built-in guardrails around user functionality (for example, scanning and preventing the mass sharing of things that should not be shared, such as medical record numbers), and providing access through the app to relevant policies and procedures for reference in a SharePoint or similar database.
23. **Search Export:** ○ Can UC Davis Health confirm that the ability to export search-related data into CSV/Excel reports is the priority?
R: Yes, unless the vendor feels another exportable platform is better, and in such a case, the case for this should be made in the response.
24. **Professional Services & Implementation Artifacts** ○ Section D of Exhibit B asks for descriptions of the Bidder's Project Management, Change Management, and Quality Control processes. In addition to the requested descriptions, are bidders required to submit sample project artifacts such as sample RAID logs, change request forms, and/or detailed test plans as part of the proposal response?
R: Yes, project artifacts from completed projects will be beneficial.
25. **System Deployment and Hosting Model** ○ Can UC Davis Health confirm that a SaaS first deployment model—where the solution is entirely cloud-hosted and vendor-managed—is an acceptable and fully compliant solution for this RFP? We seek clarification that there is

no mandatory requirement for any on-premise software installation or components within the UC Davis Health IT infrastructure.

R: Correct. SaaS and stand-alone apps are preferred, so nothing resides on UC Davis Health server platforms, except for UC Davis Health data, which is accessible via permissions and APIs.

26. RFP, Page 8, General:

26.1. What, if any, is your current tool for each of the following capabilities:

26.1.1. Intranet

R: It's a combination of Vendor for content management system site and SharePoint

26.1.2. Mobile App

R: None.

26.1.3. Digital Signage?

R: Yes, we have a Vendor. Not Provided

26.2. Is there an opportunity to replace your current solution(s)?

R: For the Intranet, yes. That is part of the goal of this RFP. For digital signage, no.

27. RFP, Page 14, General:

27.1. "Each Bidder's response must contain...Technical Proposal".

R: Technical Proposals are part of Exhibit B_Bidder Response.

28. UC Terms and Conditions

28.1. We have a few non-starters (termination for convenience, unlimited liability, and unlimited indemnity for data breach) that we can't accept. We have terms agreed upon with another UC entity that is currently a customer of ours - can we leverage the terms in that agreement? If not we will provide redlined edits to the provided UC T+Cs.

R: Redlines to the documents will be weighed and influence scores. You may also submit an existing agreement with UC Location.

28.2. We currently have working agreements with resellers A and B. If you work with either of these resellers, we would be able to circumvent the T+C discussion.

R: If you will have access to UC's Institutional Information, direct agreement (s) may be necessary.

29. RFP, General:

29.1. What are the pain points or gaps that you are currently experiencing in your communications software that has driven you to release an RFP?

R: We do not currently have a solution that meets the needs identified in the RFP.

30. SOW, What does UCDH expect vendors to write in the SOW?

R: Where applicable or possible, enter information that will be part of this engagement.

31. General: Can bidders submit answers to the questions across the various attachments in our preferred formats?

R: Exhibits B & C need to be utilized. You may attach various documents in your format, but ensure to provide precise references (example, page #, sections...) in the Exhibits.

32. RFP, Page 14, "Each Bidder's response must contain a 'Qualification Statement' ..."

32.1. What does a "Qualification Statement" entail? Is this anything above and Beyond filling out Tab A of Exhibit B?

R: Qualification entails completion of information under Tab A of Exhibit B.

32.2. Should we consider a Qualification Statement equivalent to an "Executive Summary" where we outline the company's background and experience in the internal communications sector?

R: You may provide an Executive Summary.

33. Technology Questionnaire v3.1 - Attachment 3 - Systems Integrations

1. Can the new technology integrate with Epic's EMR?

R: No.

2. If yes to the above question for EMR integration, be specific with the type of data that can be sent or received (Registration-ADT, Orders, Results, and Transcriptions). If others, please specify.

3. Can the new technology be integrated with Non-EMR systems, devices existing databases or applications?

R: Yes. See Q#3.

33.1. What systems would you expect Bidder to integrate with for this project, and specifically, what information and use cases would you expect to pull from your EMR (e.g., Epic) or other systems? We can integrate with most systems that have an endpoint.

R: See Q#3. No Epic integration is planned.

34. RFP, Pages 8-14, Section IV - Scope of Work,

34.1. Are the bulleted sections in Section IV - Scope of Work outlining system requirements the same as the requirements found in "Exhibit B - Bidder Response"? If so, we assume that filling out the spreadsheet is sufficient to meeting these requirements.

R: Filling out Exhibit B_Bidder Response is sufficient.

34.2. Follow up question: if any of the requirements listed in Exhibit B are not met by the proposed system, is that automatically disqualifying?

R: UC will review and determine.

35. Is there an incumbent vendor currently providing internal communications or intranet services?

R: No.

36. Does UCDH prefer a Commercial Off-the-Shelf (COTS) solution with customization or a custom-built platform?

R: We are asking for potential vendors to propose the solutions they think will best address the needs identified in the RFP.

37. How many total users will need access (employees, students, contractors)?

R: Plan for 20,000 users.

38. What is the expected concurrent user load during peak times?

R: It is unlikely that all users will attempt to access the platform at the same time, given that UC Davis Health is a 24/7/365 organization. However, a high percentage of user-based demand should be supported, as in the case of an emergency or disaster, a significantly high percentage of the user base is likely to access the app/system for information.

39. What are the primary systems the platform must integrate with?

R: See Q#3.

40. What HRIS and payroll systems are currently in use (for employee data feeds like paystubs, onboarding, etc.)?

R: Not provided and not part of integration for this RFP.

41. Are integrations expected to be real-time (API) or batch-based (file uploads)?

R: Real-time is preferred.

42. What authentication systems are used (ADFS, Azure AD, Okta, etc.)?

R: ADFS + Duo.

43. Does UCDH require multi-factor authentication for platform login?

R: Yes.

44. For content syndication (SharePoint, Teams, Yammer), what level of integration is required read-only, bi-directional sync, or full publishing?

R: From the user standpoint, it should be read-only. As an administrator, we will need the functionality to publish content through both the platform and the app.

45. What are the priority use cases (daily news, emergency alerts, HR updates, compliance campaigns, social engagement)?

R: All of these are priority users, from different administrative users to various audiences, on other days.

46. For emergency alerts, should the platform integrate with existing mass notification systems (e.g., Everbridge, Rave)?

R: Yes.

47. How important is two-way engagement (comments, likes, polls) vs. top-down communication?

R: Two-way communication, such as polling, is preferable.

48. Should the platform support anonymous employee feedback/surveys?

R: Yes, although anonymous replies are not a requirement. Other systems exist for anonymous surveys.

49. Does UCDH envision replacing internal email newsletters entirely, or just consolidating them?

R: Consolidating some and using this platform to deliver the majority of them.

50. Should reporting support export into UC's BI tools (e.g., Tableau, Power BI)?

R: This is a 'nice to have' and not a 'must have'.

51. Is real-time analytics required for emergency communication tracking?

R: No. The current vendor will remain the primary delivery platform for emergency communications, with real-time tracking capabilities that are sufficient for our needs.

52. Do you expect the vendor to perform any tasks on-site, or can all work be performed remotely?

R: Remote is acceptable.

53. Do you accept offshore resources?

R: No.

54. What is the approved budget or range allocated for this project?

R: Not provided

55. What data migration volumes (number of records, content size) need to be transferred from existing systems into the new platform?

R: Depending upon the vendor's proposed solution, we are not envisioning the transfer of large amounts of data from UC Davis Health into the vendor's system, but rather a platform that interfaces with, and in real-time, accesses information from UC Davis Health to deliver it to the user. Of course, some content will be resident with the vendor and the user's platform as part of normal operations.

56. What are the requirements for content lifecycle management (archiving, retention policies, automated purging)?

R: We do not expect a large amount of data to be resident with the vendor, but instead resident with UC Davis Health platforms, where we will follow our standard content lifecycles. For vendor-retained data, we are open to vendor recommendations around timelines for content management.

57. Are there specific uptime and performance SLAs required for the platform (e.g., 99.9% availability, max page load times)?

R: For availability on cloud solutions, the availability percentage is 99.99%. Refer to Exhibit A: A Master Purchase Agreement.

58. What disaster recovery and backup requirements (RTO/RPO) does UCDH mandate for the platform?

R: The ability to recreate the UC Davis Health-specific implementation of this platform and its developed customizations, in the event of a vendor equipment failure.

59. Are there data residency or hosting location requirements (e.g., must remain within specific regions)?

R: Yes, within the United States of America.

60. What API rate limits or throughput expectations should the platform support?

R: Whatever is necessary to support the timely accessing of data in a manner that delivers a satisfactory user experience.

61. Does UCDH require read-receipt or tracking of individual user content consumption?

R: This would be a nice-to-have ability at the specific user level, but it is not a requirement. At the aggregate level, data around user content consumption by targeted audience(s) is expected.

62. Should the platform provide a sandbox or test environment for UCDH before production deployment?

R: Yes.

63. What are the translation/localization requirements (number of languages, in-platform vs. external service)?

R: We are looking for vendors to make recommendations around best practices for this part of the service.

64. Are there specific accessibility guidelines beyond WCAG 2.2 (e.g., VPAT, Section 508 testing evidence)?

R: Not provided at this time. To be determined with awarding bidder.

65. What training and documentation deliverables are expected for administrators and end users?

R: Full team training for administrators who will have content development and deployment roles with access to documentation for answers to common questions.

66. Is there a requirement for mobile app offline capabilities or local caching?

R: It is required to the degree that it is necessary for delivering a satisfactory user experience.

67. What are the expected API authentication/authorization standards (OAuth2, JWT, certificate-based)?

R: Not provided at this time. To be determined with awarding bidder.

68. Should the platform support custom branding/theming per UCDH department?

R: No, only custom branding to UC Davis Health overall.

69. Are there requirements for integration health monitoring or automated integration alerts?

R: Not provided

70. What log retention and audit trail requirements does UCDH mandate for security and compliance?

R: Not provided at this time. To be determined with awarding bidder.

71. Does UCDH require single-sign-off or scheduled security audits/penetration testing on the platform?

R: UC Davis Health requires SSO with two-factor authentication, and expects the vendor to regularly test and ensure the security of their own product from unauthorized access.

72. What disaster notification or failover procedures should the vendor implement?

R: Whatever the vendor deems necessary to deliver 99% or greater uptime.

73. Are there specifications for mobile device management (MDM) compatibility or secure container support?

R: Not provided.

74. Should the vendor provide a public REST API for third-party developers or only private/internal APIs?

R: Not provided at this time. To be determined with awarding bidder.

75. What are examples/differences of scheduled notifications you might send out vs scheduled posts or communications?

R: See Q#15.

76. What are your main expectations with the HRIS Integration with this platform?

R: Not provided.

77. What are the most critical integrations for you with this platform?

R: Please refer to the RFP document.

78. How are you presently approaching employee engagement, and what tools are in place to foster and maintain employee engagement? What specific metrics do you monitor to assess these aspects?

R: There is a detailed and comprehensive Employee Engagement program in place, involving multiple channels of communication and engagement. This RFP aims to introduce an additional delivery platform into the program and deliver more customized content by targeting audiences separately.

79. Do you have any initiatives for community-building or engaging in activities within your organization?

R: Yes.

80. Are there existing learning or training platforms provided to your employees at the moment?

R: Yes.

81. Have you conducted any surveys and received feedback from employees that drove this initiative?

R: Yes.

82. What does the ideal solution look like for your team?

R: Please refer to the RFP document.

83. How do you promote learning and development opportunities for staff? How are they communicated and how does your employees know what systems are available for them to improve their skills and grow within the organization?

R: There is a detailed and comprehensive Employee Engagement program in place, involving multiple channels of communication and engagement. This also includes learning and professional development options and content. This RFP aims to introduce an additional delivery platform for Employee Engagement. Still, it is not intended to replace the current online learning and professional development solution.

84. When do you anticipate launching the platform?

R: Upon completion of evaluation and contract issuance.

85. How many team members are a part of this project and will be working with our team?

R: Will be disclosed to the awarded bidder.

86. What are your expectations from an ideal partner during and post implementation?

R: Please complete Exhibit B.

87. How do you handle company communication? Do you use slack, teams, or are all important employee communication happens through emails?

R: Currently, communication is mainly through email, Teams, and Intranet.

88. How is training conducted for the introduction of new tools, and what onboarding processes are currently implemented?

R: Please provide details on your approach and process.

89. Could you provide insights into the onboarding experience for new hires?

R: Research into improvements for the employee onboarding experience will be shared with the successful vendor for this program.

90. Do you have a document management system like Sharepoint or where do your company SOP or any important documents reside?

R: See Q#3.

91. What are the 3 biggest goals with this platform

R: Please refer to RFP objectives.

92. What drove this initiative to implement now vs prior?

R: Please refer to RFP.

93. What are some goals set for the implementation of this program?

R: Please refer to RFP.