[Name of Customer Agency]

Provider Assessment report

[Program Name]

Version 1.0

[Day, Month, Year]

Document History

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| --- | --- | --- | --- |
| Release No. | Date | Author | Revision Description |
| 1.0 |  |  | Initial Draft Version |
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I have carefully assessed the Provider Assessment Reportforthe *<<INSERT NAME OF PROGRAM>>.* This document has been completed in accordance with the requirements of the Office of Shared Solutions and Performance Improvement (OSSPI) Guidance.

MANAGEMENT CERTIFICATION - Please check the appropriate statement.

\_\_\_\_\_\_ The document is accepted.

\_\_\_\_\_\_ The document is accepted pending the changes noted.

\_\_\_\_\_\_ The document is not accepted.

We fully accept the content within this project artifact and associated tasks.

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*<<Insert Name>> <<Insert Date>>*

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*<<Insert Name>> <<Insert Date>>*

*<<Insert Title>>*

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# Introduction/Purpose

<<This document should be signed by the Program Executive Sponsor and should be reviewed and approved by both the Provider and the Customer Program Manager.

*Provide a brief introduction to or purpose of the document.>>*

# Executive Summary

*<<Provide an executive summary of the approved migration initiative.*

*Provide a brief description of the providers evaluated as part of the migration initiative, factors considered to assess providers, and selected the migration provider. Include any tables or figures required to support your summary.>>*

# Due Diligence

*<<Provide a description of the Due Diligence process completed to evaluate providers and arrive at a final decision for a provider.*

*In the table below provide a summary of the results from the Due Diligence process used to assess and select the provider. For each provider, include relevant information for each category listed below.>>*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Provider A | Provider B | Provider C | Provider D |
| Meetings Held with Providers Meetings may include an Open House, Product Demonstrations, or Working Sessions conducted to gather information about capabilities |  |  |  |  |

**Table 1: Meeting Catalog**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Provider A | Provider B | Provider C | Provider D |
| Services AlignmentThe services that the customer agency requires in comparison to what is offered by the provider |  |  |  |  |

**Table 2: Services Alignment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Provider A | Provider B | Provider C | Provider D |
| Capacity and TimingThe customer agency’s modernization schedule and magnitude of technical needs in comparison to the provider’s availability and ability to accommodate the capacity of the customer agency |  |  |  |  |

**Table 3: Capacity and Timing**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Provider A | Provider B | Provider C | Provider D |
| Experience & Technical KnowledgeFactors such as the experience and knowledge of the provider and its staff as it relates to the specific needs of the customer agency, an existing relationship with the customer agency for another service, and/or familiarity with the work of the customer agency |  |  |  |  |

**Table 4: Experience & Technical Knowledge**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Provider A | Provider B | Provider C | Provider D |
| Technical AlignmentThe customer agency’s requirements for the application release and version, database, operating system, interfaces, software and hardware etc. in comparison to what is offered by the provider |  |  |  |  |

**Table 5: Technical Alignment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Provider A | Provider B | Provider C | Provider D |
| CostThe overall estimated cost of migrating to the provider, including non-recurring migration costs and recurring O&M costs |  |  |  |  |

**Table 6: Cost**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Provider A | Provider B | Provider C | Provider D |
| Other Factors ConsideredAny other factors, such as ability of the provider to accommodate statutory/legal considerations, that were a part of the customer agency’s assessment |  |  |  |  |

**Table 7: Other Factors Considered**

*<<Copy / paste your evaluation criteria table to display the scoring to support the rationale for selecting the provider. The provider evaluation scores should be supported by the information included in the evaluation table above.>>*

# Preferred Provider

*<<Provide the rationale for why the preferred provider is chosen for Discovery. Include details from the previous section to further expand on the due diligence process and evaluation criteria used to reach the decision.>>*

# Appendix A: Key References

*<<Insert the name, version number, description, and physical location of any documents referenced in this document. Add rows to the table as necessary.>>*

Table below summarizes the documents referenced in this document.

|  |  |  |
| --- | --- | --- |
| Document Name | Description | Location |
| *<<Document Name and Version Number>>* | *<<Document description>>* | *<<URL to where document is located>>* |
|  |  |  |
|  |  |  |

**Table 8: Key References**

# Appendix B: Key Terms

Table below provides definitions and explanations for terms and acronyms relevant to the content presented within this document.

|  |  |
| --- | --- |
| Term | Definition |
| *<<Insert Term>>* | *<<Provide definition of term and acronyms used in this document>>* |
|  |  |
|  |  |

**Table 9: Key Terms**