



REQUEST FOR QUOTE (RFQ) Payroll and HR System

Greater Erie Community Action Committee (GECAC)
18 West 9th Street. Erie PA 16506

Deadline for Submissions – To by April 18, 2025 by 4:00 PM (EST)

Please Note: Late submissions will not be considered.

GECAC reserves the right to reject any or all proposals, waive irregularities, and negotiate with the most qualified respondents.

Contact Information:

All inquiries regarding this RFQ and submission of responses should be directed to:

Roger Whelan,
Director of Management Information Systems

Greater Erie Community Action Committee (GECAC)
18 West 9th Street. Erie. PA
814-451-5629
rwhelan@gecac.org

Disclaimers:

GECAC reserves the right to accept or reject any or all submissions, waive any irregularities, and modify or cancel this RFQ process at any time.

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Introduction

The Greater Erie Community Action Committee (GECAC) is a community action organization committed to empowering individuals and families in Erie County through a range of comprehensive support services. GECAC is seeking a qualified vendor to provide an integrated payroll and human resources (HR) system that meets our operational needs, supports organizational growth, and ensures compliance with applicable laws and regulations.

This Request for Qualifications (RFQ) is issued in accordance with 2 CFR Part 200 procurement regulations, ensuring full and open competition in selecting a provider that best meets the needs of GECAC and the communities we serve. Additionally, GECAC must adhere to specific procurement standards outlined in the Code of Federal Regulations (CFR). The primary regulations governing these procurement activities are found in 2 CFR Part 200, Subpart D.

The selected firm/individual must maintain minimum insurance coverage as follows..

GECAC reserves the right to request additional coverage if deemed necessary.

1. Commercial General Liability Insurance – Minimum \$1,000,000 per occurrence and \$2,000,000 aggregate
2. Professional Liability Insurance (Errors & Omissions) – Minimum \$1,000,000 per claim
3. Workers' Compensation Insurance – Statutory limits as required by Pennsylvania law
4. Cyber Liability Insurance – Minimum \$500,000 per occurrence (if applicable to services provided)

Additional Requirements:

- GECAC must be listed as an Additional Insured on the Commercial General Liability policy. If applicable
- The selected contractor must provide a Certificate of Insurance (COI) prior to contract execution.
- The selected contractor must maintain coverage for the duration of the contract.

Please Note: Failure to maintain required insurance may result in contract termination.

Purpose

The purpose of this Request for Quotes (RFQ) is to solicit quotations from qualified vendors for the implementation of a robust, user-friendly payroll and HR system that will streamline processes, improve efficiency, and provide reliable reporting and analytics for decision-making. GECAC is exploring options for managing HR and payroll, including contracting services, implementing a new automated system, or enhancing existing in-house capabilities. Other potential options may include hybrid solutions that combine outsourcing with internal support or upgrading current processes to improve efficiency and compliance.

Scope of Work

The selected vendor will be responsible for providing the following services:

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- **Payroll Management:** System capable of processing employee compensation, tax calculations, deductions, direct deposits, and payroll reporting.
- **HR Management:** System to support key functions such as employee onboarding, benefits administration, time and attendance tracking, performance management, and maintaining accurate personnel records.
- **Compliance:** System must adhere to federal, state, and local employment laws and regulations.
- **Reporting and Analytics:** Ability to generate detailed reports on payroll and HR-related metrics for management and regulatory reporting.
- **Data Security:** Adherence to best practices for data privacy and secure storage of sensitive employee information.
- **Training and Support:** Provision of initial training for HR and payroll staff, as well as ongoing support for system maintenance and issue resolution.

System Requirements

The proposed system must include:

- A user-friendly interface for administrators and employees.
- Cloud-based or on-premises deployment options.
- Self-service portal for employees to access their information.
- Integration capabilities with third-party systems (e.g., accounting software, benefits providers).
- Scalability to accommodate future growth in organizational size and needs.
- Mobile access for employee self-service functions.
- Automated workflows for HR and payroll processes.

Please Note: The payroll system should be capable of integrating with the *MIIP accounting software* to automatically debit PAR (Production Activity Reporting) time, ensuring seamless allocation of time spent on specific tasks or activities and accurate synchronization between both systems

Submission Requirements

Please note the following: Interested vendors must provide the following required information. Additional space may be attached to the quote as needed to ensure a comprehensive explanation of services.

- Company overview and experience in providing payroll and HR solutions to organizations of similar size and scope.
- A detailed description of the proposed payroll and HR system, including key features and functionalities.
- Implementation timeline with key milestones and deliverables.
- Cost breakdown, including licensing fees, implementation costs, training costs, and ongoing support fees.
- Information on data security measures and compliance with relevant regulations.
- References from at least three clients with similar needs.

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Evaluation Criteria

GECAC will evaluate submissions based on:

- **Relevant experience and expertise**
- **Demonstrated ability to perform the required services**
- **Compliance with procurement regulations**
- **Competitive pricing**

Criteria	Points
System functionality and alignment with GECAC’s needs.	20
Vendor experience and expertise.	10
Cost-effectiveness of the proposed solution.	20
Implementation timeline and approach.	15
Quality and comprehensiveness of training and support services.	15
Strength of data security measures and compliance with relevant laws.	20
Total	100 Pts

Timeline

Activity	Date
RFQ release date:	March 28, 2025
Deadline for submission of vendor questions:	April 4, 2025
Deadline for RFQ response submission:	April 18, 2025
Evaluation period:	April 18 – 25
*Vendor Interviews/Demonstration: (1-hour HR, & 1-hour Payroll)	Week of May 5 th
Final Selection	Week of May 12 th

*Once GECAC selects the vendors, GECAC may request them to present the HR and Payroll systems separately, allowing each department to address any specific questions related to their respective systems. The presentations will occur on the same day, with each system being presented at different times during the interview."

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Attachment A: Vendor Response Cover Sheet

Vendor Information

Vendor Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Website: _____

Email Address: _____

Authorized Representative Information

Name: _____

Title: _____

Phone Number: _____

Email Address: _____

Certification and Signature

I certify that the information provided is accurate and that I am authorized to submit this response on behalf of the above-named vendor.

Authorized Representative Signature: _____

Printed Name: _____

Title: _____

Date: ___/___/___

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Attachment B: Vendor Information Form

Provide a brief overview of your company, including mission, vision, and values:

Years in Business

Number of years your company has been providing payroll and HR solutions: _____

Details of Experience in Providing Payroll and HR Solutions

Describe your company's experience in providing payroll and HR solutions to organizations of similar size and scope, highlighting relevant projects and successes:

Key Personnel Assigned to the Project

List key personnel who will be assigned to this project, including their roles and qualifications:

Name	Role/Title	Qualifications and Relevant Experience

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Attachment C: Technical Proposal

Proposed Payroll and HR System Description

System Name: _____

Key Features and Functionalities

(Check all that apply and provide details where necessary.)

- Payroll Processing
- Time & Attendance Tracking
- Benefits Administration
- Employee Self-Service Portal
- Tax Compliance & Reporting
- Performance Management
- Recruitment & Onboarding
- Learning & Development
- Other: _____

Additional Feature Descriptions:

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Deployment Model: *(Select one)*

- Cloud-Based On-Premises Hybrid

Supported Platforms: *(Check all that apply)*

- Web-based Mobile (iOS) Mobile (Android) Desktop

Security Features: *(Describe encryption, access controls, compliance with data protection laws, etc.)*

System Integration Capabilities

Compatible with the following existing systems (if applicable):

- Accounting Software (e.g., QuickBooks, SAP)
 HRIS/ERP Systems (e.g., Workday, ADP)
 Other Third-Party Tools: _____

APIs or Custom Integration Support? Yes No

Integration Methodology & Requirements:

Implementation & Support

Estimated Deployment Timeline: _____

Ongoing Support & Maintenance Plan:

- 24/7 Support
 Business Hours Support
 Knowledge Base / FAQs
 Other: _____

Pricing & Licensing Model

Pricing Structure: *(Select one or more)*

- Subscription-based One-time Purchase Per User Licensing Other: _____

Additional Costs (if any):

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Attachment D: Cost Proposal

Itemized Cost Breakdown

(Please provide detailed pricing for each component.)

<i>Cost Component</i>	<i>Description</i>	<i>Unit Cost</i>	<i>Qty</i>	<i>Total Cost</i>
Licensing Fees				
Implementation Costs				
Training Fees				
User Support Services				
Software				
Customization				
Data Migration				
Other (Specify Below)				

Total Estimated Cost: \$ _____

Optional/Add-On Services Pricing

(List any optional features or services that can be purchased additionally.)

Service/Feature Description Additional Cost (\$)

Annual Maintenance and Support Fees

(Provide details on ongoing costs associated with maintenance and support.)

Annual Maintenance Fee: \$ _____

Support Plan Options:

- 24/7 Support (\$ _____)
- Business Hours Support (\$ _____)
- Email/Chat Support Only (\$ _____)
- Other: _____ (\$ _____)

Payment Terms & Conditions

(Specify payment schedule, deposit requirements, or any financing options.)

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Attachment E: Implementation Form

Implementation Timeline & Key Milestones

(Provide a timeline with expected completion dates for each phase.)

<i>Phase</i>	Milestone Description	Start Date	End Date	Responsible Party
Project Kickoff				
System Configuration				
Data Migration				
User Training				
Testing & Quality Assurance				
Go-Live & Deployment				
Post-Implementation Support				

Detailed Implementation Approach

(Describe the approach to ensure successful implementation.)

Risk Management Plan

(Identify potential risks and mitigation strategies.)

<i>Risk Factor</i>	Potential Impact	Mitigation Strategy
Data Migration Issues		
User Adoption Challenges		
Integration Compatibility		
Security & Compliance Risks		
Timeline Delays		

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Attachment F: Training and Support Plan

Training Approach for GECAC Staff

(Provide details on how staff will be trained to use the system effectively.)

Training Methods (Check all that apply):

- On-site Training
- Virtual Training (Webinars, Video Tutorials)
- One-on-One Coaching
- Train-the-Trainer Program
- Self-Paced Learning Modules
- Other: _____

Training Schedule & Duration:

Training Materials Provided: (Check all that apply)

- User Manuals
- Quick Start Guides
- Video Tutorials
- FAQs & Help Articles
- Other: _____

Key Training Milestones:

<i>Training Phase</i>	Description	Expected Completion Date
System Overview		
Hands-On Practice		
Role-Specific Training		
Final Q&A & Certification		

Ongoing Support & Issue Resolution

(Provide details on support services offered after implementation.)

Support Channels (Check all that apply):

- Phone Support
- Email Support
- Live Chat Support

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- On-Site Assistance
- Ticketing System for Issue Resolution
- Other: _____

Response Time for Support Requests:

- Critical Issues: _____
- High-Priority Issues: _____
- General Inquiries: _____

Escalation Process for Complex Issues:

Contact Information for Support Team

Primary Support Contact:

Name: _____

Phone: _____

Email: _____

Secondary Support Contact (if applicable):

Name: _____

Phone: _____

Email: _____

Support Availability:

- 24/7 Support
- Business Hours (Specify: _____ to _____)
- Other: _____

Additional Notes

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Attachment G: Reference Form

Company Name: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

Company Name: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

Company Name: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

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Attachment H: Data Security and Compliance Form

Data Privacy and Security Measures

(Describe how data privacy and security are maintained within the system.)

Encryption Standards Used:

- AES-256
- SSL/TLS
- Other: _____

Access Controls and Authentication Methods:

- Multi-Factor Authentication (MFA)
- Role-Based Access Control (RBAC)
- Single Sign-On (SSO)
- Other: _____

Data Backup & Disaster Recovery:

Frequency of Data Backups: Daily Weekly Monthly

Off-Site Backup Storage: Yes No

Estimated Data Recovery Time: _____

Security Incident Response Plan:

(Describe how security incidents, breaches, or unauthorized access are managed.)

Compliance with Federal, State, and Local Laws

(Provide information on compliance with relevant regulations.)

Applicable Compliance Standards (Check all that apply):

- General Data Protection Regulation (GDPR)
- Health Insurance Portability and Accountability Act (HIPAA)
- Family Educational Rights and Privacy Act (FERPA)
- Fair Credit Reporting Act (FCRA)
- National Institute of Standards and Technology (NIST) Standards
- State-Specific Data Privacy Laws: _____
- Other: _____

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Describe Compliance Policies and Procedures:

Approach to Safeguarding Sensitive Employee Data

(Explain how employee personal and financial data is protected.)

Data Collection & Storage Protocols:

Measures to Prevent Unauthorized Access:

Employee Training on Data Protection:

Yes No

Frequency: Quarterly Annually As Needed

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Attachment I: Certificate of Insurance Form

(Please attach)

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Attachment J: Conflict of Interest

Applicant/Vendor Information

Full Name: _____

Organization/Company Name (if applicable): _____

Position/Title: _____

Phone Number: _____

Email Address: _____

Conflict of Interest Statement

Have you, your immediate family, or your business associates had any financial, personal, or professional interests that may create a conflict of interest with GECAC?

- No, I have no conflicts of interest to disclose.**
 Yes, I have a potential conflict of interest to disclose. (Provide details below)

Description of Potential Conflict(s)

(If you checked "Yes," please describe the nature of the conflict, including any financial interests, relationships, or affiliations that could influence your involvement with GECAC.)

Disclosure of Relationships with GECAC

Do you have any relationships with GECAC employees, board members, contractors, or partners that could influence your business or professional dealings with GECAC?

- No
 Yes (Specify): _____

Mitigation Plan (If Applicable)

(If a conflict exists, describe any measures you will take to avoid or manage the conflict of interest.)

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Attachment K: DBE STATUS

Please check one of the following:

- Our firm is a certified DBE** under [Insert Certifying Agency, e.g., Pennsylvania Unified Certification Program (PA UCP)].
- Our firm is NOT a DBE, but we will subcontract with DBE firms** (complete Section 2).
- Our firm is NOT a DBE and does not plan to subcontract with DBE firms** (attach explanation).

DBE Certification Number (if applicable): _____

Certifying Agency: _____

Type of Business: _____

DBE SUBCONTRACTOR PARTICIPATION

List all DBE firms that will participate in this contract. Attach additional sheets if needed.

DBE Firm Name	Contact Person	Phone/Email	Type of Work	% of Contract Value

Total DBE Participation Percentage: _____%

If no DBE participation is planned, explain why below:

ACKNOWLEDGMENT & SIGNATURE

By signing below, I certify that the information provided is accurate

Authorized Representative Name: _____

Title: _____

Signature: _____

Date: _____