University of Kentucky
Procurement Services

Written Questions and Answers

Intranet Provider for UK HealthCare Employees
RFP UK-2613-27
Closing Date: August 6, 2026
Today's Date: July 16, 2026

No.	Question		Answer
1.	APPENDIX B — UKHC IT TECHNICAL REQUIREMENTS The RFP references "Appendix B: UKHC IT Technical Requirements - Employee Learner Digital Platform" in the Additional Documents list, but that appendix was not included in the RFP package we obtained from purchasing.uky.edu. Could you please provide Appendix B, or point us to where it is posted? We want to make sure our technical response in Section 7.1 is written against UK HealthCare's actual IT requirements rather than our inference of them.		All documents for the RFP are posted on UK Procurement's official bid and proposal page: https://purchasing.uky.edu/bid-and-proposal-opportunities Please note the RFP is linked in the RFP number, UK-2613-27, and the documents are linked under their listed names on that page.
2.	FINANCIAL OFFER — SUBMISSION MECHANISM Section 4.7 states that all financial information should be submitted "in a sealed envelope under separate cover," while the balance of the solicitation is handled electronically. Could you confirm the intended mechanism for the Financial Offer Summary (Section 8.0) — specifically whether it should be (a) physically mailed in a sealed envelope to Procurement Services, (b) submitted as a separate, clearly-labeled electronic file alongside the technical proposal, or (c) handled another way? We want to ensure our cost		All RFP responses must be submitted as denoted in RFP Section 3.6. While everything may be submitted in one larger package, we do request the submission of the technical and financial responses to be separated for evaluation purposes.

	proposal is delivered exactly as UK expects and is not inadvertently opened with the technical response.		
3.	HIPAA / BAA SCOPE: Section 6.30 states that UK's master HIPAA/BAA amendment (Appendix A) will become an integral part of any resulting agreement. Vendor will execute that amendment. For clarity in our technical design: is it UK's expectation that the intranet platform itself will store, process, or transmit ePHI, or is the platform intended to serve as an internal communications and resource environment for faculty, staff, and learners, with clinical systems remaining outside its boundary?		HIPAA/BAA compliance is a requirement. It is not intended that PHI should be stored on the platform and clinical platforms such as Epic are outside its boundary, however, lacking such compliance may limit the potential for growth of the platform in ways not currently anticipated.
4.	Could you clarify the primary stakeholder group that will evaluate proposals, for example whether the evaluation committee is composed mainly of IT stakeholders, Corporate Communications, or a cross-functional group? This will help us calibrate the depth of our technical versus functional response.		The RFP Committee is made up of a variety of stakeholders
5.	How are the five evaluation criteria (Offeror Qualifications, Services Defined, Financial Proposal, Evidence of Successful Performance and Implementation, and Other Additional Information) weighted relative to one another? Is a point allocation or scoring rubric available so vendors can prioritize appropriately?		Please see Section 5 of the RFP.
6.	Approximately how many UK HealthCare employees are in scope for this initiative, and of those, what share do not have a corporate email address or regular desktop and computer access? Is reliably reaching those frontline employees an in-scope success measure for this project?		Approximately 30,000 employees are in scope for the platform at this time, with the potential to increase by 3,000 to 5,000 with the addition of other health colleges including the College of Nursing, College of Pharmacy and College of Public Health. All will have a corporate email address, but a significant, key portion of our staff

			(including nurses) do not work at a desk. They use mobile devices, including phones and tablets, as well as shared desktop computers.
7.	Section 2.2 notes that the mobile app component of the current intranet platform has seen extremely limited adoption. Could UK share what it believes contributed to that limited adoption, and will driving measurable adoption across all user segments be an evaluation criteria for the new platform?		The original app introduced to UK HealthCare employees could not be updated easily and doing so would have required employees to uninstall the app and re-download the updated app. The app did not replicate the desktop experience and was therefore de-prioritized.
8.	Should vendors address how their solution proactively delivers targeted information to employees, rather than relying on employees to visit the intranet to find it?		Yes.
9.	Beyond the capabilities listed in Section 7.1, how will UK HealthCare measure the success of this initiative 12-18 months after launch? Are there target business outcomes, for example adoption and engagement, confirmed reach on critical communications, faster acknowledgment of policy or compliance content, or retention, against which the selected platform will be evaluated?		The selected platform will be evaluated for improved user engagement, satisfaction, platform confidence, and adoption. These goals will be measured by evaluating site visits, failed searches, and contributor / end-user surveys.
10.	Given the recent integration of UK King's Daughters and UK St. Claire, is unifying communication across previously separate systems and workforces onto a single platform an in-scope objective or success measure for this initiative?		Yes.
11.	Section 7.1 item 8 references a mandatory read feature. For time-critical and compliance communications (for example safety protocols, clinical policy updates, or required attestations), does UK HealthCare require the ability to confirm delivery and acknowledgment at the individual-employee level, including for frontline employees who do not have		Yes. See Section 5 of the RFP for Evaluation Criteria Process.

	a corporate email address? Is that capability a weighted evaluation criterion?		
12.	UK HealthCare operates within a Microsoft 365 environment. Through which channels does UK expect critical communications to reach employees who do not regularly access Microsoft 365 tools, for example mobile push, digital signage, or an embedded experience within tools they already use? Should a platform's ability to deliver and measure engagement across non-Microsoft 365 channels be reflected in scoring?		Yes.
13.	Does UK HealthCare view this initiative strictly as a replacement of the current intranet, or as a foundation for broader employee-communication and workflow needs over time, for example automated onboarding journeys for new hires, shift and clinical communications, or task completion across connected systems? Given the current expansion and hiring, is automated new-hire onboarding within the intended scope?		New-hire onboarding is within the intended scope.
14.	Section 7.1 item 11 references feedback mechanisms to assist leadership. Beyond publishing content to employees, does UK require structured ways to capture feedback, sentiment, and user-generated content from employees, including frontline staff, and is that capability weighted in the evaluation?		There is no required structure but the ability to collect employee feedback will be weighted in the evaluation.
15.	Could UK confirm the HRIS or system of record for employee data (we understand this to be SAP) and the workforce-management or timekeeping system (item 4(d) references UKG or Workday)? Is native integration with those systems, so that audience targeting can be driven by location, department, role, and shift attributes, considered in scope?		We currently use SAP, UKG and Workforce. Audience segmentation and targeted messaging are essential. Native integration is considered within scope.

16.	Does the University require a pre-built commercial off the shelf (COTS) product, or is a fully managed, services-led solution built on commercial cloud infrastructure also acceptable?		UK HealthCare will consider both options.
17.	Who is the incumbent vendor currently providing similar services? Is the incumbent vendor allowed to participate in this RFP?		The current vendor is Interact Intranet and they are welcome to participate in the RFP.
18.	What are the current limitations and challenges that you are facing?		The current vendor's services and development goals are not well matched to UK HealthCare's focus. Search cannot be configured by UK HealthCare. There is no file management system. Page forwarding is not possible. There is no audio player component. There is no broken link checker. The information architecture is overly restrictive. The text-wrap function is not truly responsive. UK HealthCare has no control over timing of software updates, which have taken down the intranet on multiple occasions.
19.	Who will be responsible for hosting? What is the hosting preference – Cloud vs On-prem?		Cloud hosting is preferred.
20.	What is your preferred hosting service provider (AWS or Azure)?		Azure.
21.	Could you please confirm approximately how many of the 10,000 pages are expected to be migrated versus archived?		Approximately 5,000 pages will be migrated.
22.	What types of content require migration (documents, videos, images, forms, workflows, metadata)?		All.
23.	Is the University expecting a vendor-hosted SaaS solution, or should the solution be deployed within the University's cloud environment?		Deploying within the University's cloud environment is not a requirement.
24.	Which identity provider is used for Single Sign-On (e.g., Microsoft Entra ID/Azure AD, Okta, ADFS)?		Our present intranet is provisioned with a list of users created from a few different sources, including one custom API. Other tools in that chain include

			Microsoft Entra ID/Azure AD, as well as ADFS in other cases.
25.	Could you please confirm are there existing APIs available for these integrations?		We have an in-house “Identity management” API (mentioned above) that we use in tandem with queries in SAP to generate an XML file that is then fed into our Intranet to automate user provisioning.
26.	Do you have an estimated project start date and desired go-live date? Please mention in months.		March 2027 – 7 months
27.	Is there a not-to-exceed (NTE) budget that vendors should consider while preparing proposals?		There is a budget and we will not be sharing that at this time.
28.	Besides the objectives listed in the RFP, what are the top three business outcomes that will define project success?		Increased user engagement, improved user satisfaction and improved productivity.
29.	Will UK HealthCare perform content cleanup before migration, or is the selected vendor expected to lead the content audit and rationalization?		UK HealthCare will perform content cleanup.
30.	Will each department assign content owners for migration validation?		Yes.
31.	Is metadata restructuring expected as part of the migration effort?		Yes.
32.	Can UKHC provide a complete inventory of all enterprise systems that must integrate with the intranet?		Yes. This will be provided to the selected vendor.
33.	Which integrations are mandatory for the initial implementation versus future phases?		Single sign-on with LinkBlue ID is the only requirement for initial implementation.
34.	Are there any legacy systems without APIs that require custom integration?		As of writing, there are no known systems which will require a custom API integration of some sort *prior* to the initial implementation, though general content and user APIs within the proposed solution are critical to permit future ingress/egress and in-house integrations. Though not a legacy system, we do

			have an existing integration involving Imprivata to pass local Windows authorization/authentication (AD) to our intranet to allow seamless/passwordless login from our many workstations throughout the enterprise.
35.	Are there specific repositories outside the intranet that should be searchable through a unified search experience?		Select SharePoint sites should be searchable through a unified experience.
36.	Are there any search relevance challenges with the current platform that should be addressed?		Yes. Search cannot be configured by UK HealthCare. Search results cannot be weighted. There is no ability to provide synonyms.
37.	Should search support department-specific or role-based ranking of results?		Yes.
38.	Should homepage layouts vary based on user groups?		Yes.
39.	Is personalized navigation expected?		No.
40.	Has UKHC completed any employee surveys or usability studies that can be shared with the selected vendor?		Yes.
41.	If AI features are proposed, will they be evaluated positively even if not explicitly required?		All AI features must be approved by the AIRE committee prior to deployment.
42.	Which employee engagement metrics are most important to UKHC leadership?		Views, events, time spent, as well as sentiment signals like likes and comments on content. We also take into consideration author engagement – how many contributors post, how often, etc.
43.	Are there baseline analytics from the existing platform that should be preserved for historical comparison?		No.
44.	Is UKHC open to phased implementation if it reduces project risk or accelerates delivery?		Yes.
45.	Does UK HealthCare prefer a Microsoft-based ecosystem (e.g., Microsoft 365, SharePoint Online, Azure) or is the University open to alternative platforms?		UK prefers a Microsoft-based ecosystem.
46.	Does the University have any preferred programming languages, frameworks, or		Yes. With exceptions, the University is a Microsoft shop with most APIs built

	development standards for custom components or integrations?		using .NET and most infrastructure existing in Azure, Azure K8S, VMs, Azure SQL, etc. The University has a private GitHub instance for code retention/change escalation and GitHub Actions are frequently used for code ascension.
47.	Are open-source technologies acceptable for solution development, provided they meet all security and support requirements?		Yes.
48.	Is the University open to a hybrid delivery model that combines U.S.-based project leadership with offshore development resources, provided all HIPAA, security, and contractual requirements are fully met?		Yes, but it will require a broader conversation with our IT and Risk Management teams, as we do not generally permit our data to be offshored.
49.	Is a fully remote implementation acceptable, or are periodic on-site workshops expected?		Remote implementation is acceptable.
50.	Does UK HealthCare have a preferred Business Intelligence (BI) platform for reporting and dashboards, such as Microsoft Power BI, Tableau, or another enterprise analytics solution?		Microsoft Power BI.
51.	If a BI platform is already in use, should the proposed intranet integrate with the University's existing analytics and reporting environment?		Yes.
52.	Are there any enterprise reporting standards, templates, or KPI frameworks that vendors should follow?		No.
53.	Should user engagement, content performance, search analytics, and communication metrics be available through customizable dashboards?		Yes.
54.	Does UK HealthCare prefer real-time dashboards or scheduled reporting for operational and executive stakeholders?		Real-time reporting is preferred.
55.	Will role-based dashboards be required for executives, department		No.

	administrators, content authors, and system administrators?		
56.	If Microsoft Power BI is the preferred reporting platform, will the University provide existing Power BI workspaces, licensing, and governance standards for integration?		Yes.
57.	Is this initiative aimed at expanding the user base of the Loop to additional organizations and user groups or rather is the initiative to explore replacing the current instance of The Loop with a new version of Interact?		This initiative is aimed at replacing the current instance with an expanded user base.
58.	If a platform change, what is the primary reason behind the exploratory change?		Improved functionality and support.
59.	What are the top three challenges facing your workforce/employees currently?		Difficulty finding authoritative information. Multiple logins required for disparate software/platforms. Content not targeted to user.
60.	Beyond replacing or modernizing the current intranet, what are the primary business outcomes UK HealthCare hopes this initiative will achieve over the next 3–5 years?		See answer to #9 above.
61.	How will the project team determine whether this initiative has been successful six and twelve months after go-live?		See answer to #9 above.
62.	What are the biggest limitations of the current employee experience platform that motivated issuance of this RFP?		See answer to #18 above.
63.	Beyond functional requirements, what evaluation criteria will carry the greatest weight during vendor selection (e.g., user experience, healthcare expertise, implementation approach, AI capabilities, support, total cost of ownership)?		See Section 5 of the RFP.
64.	What identity provider(s) will the selected platform need to support (Azure AD / Entra ID, Okta, LDAP, etc.)?		See answer to #24 above.
65.	If building a new environment, approximately how much content is		See answer to #21 above.

	expected to be migrated from the current Loop?		
66.	Please confirm the anticipated number of licensed users, along with an approximate breakdown of clinical staff, administrative staff, physicians, students, and other employee groups.		Existing licensed users are approximately 24,000 with that number expected to increase. Of those, 7.9% are managers, 18.6% are nurses and 14.7% are providers (physicians and advanced practice providers). Nurses generally do not have dedicated desktop computers. An insignificant number are students. (Medical students are included in the provider group if they see patients).
67.	Are there specific frontline or clinical workflows that the new platform should improve?		Not specifically, but UK HealthCare would like to see use cases of how workflows were improved.
68.	Are there any accessibility or language requirements beyond those outlined in the RFP that vendors should consider?		No.
69.	Can you confirm the executive sponsor, project sponsor, and primary decision-making committee for this procurement?		The RFP Committee is made up of a variety of stakeholders
70.	Are there any business milestones (hospital integrations, organizational initiatives, fiscal year planning, etc.) driving the desired implementation schedule?		No.
71.	Will shortlisted vendors be asked to tailor demonstrations around specific healthcare workflows or use cases?		No.
72.	Is UK HealthCare particularly interested in references from academic medical centers, integrated delivery networks, or other healthcare organizations of similar size and complexity?		Yes.
73.	How important is having a strategic partner that provides governance guidance, adoption consulting, and long-term success planning beyond software implementation?		Very important.
74.	What level of flexibility is expected for communications governance across		Governance will be standardized across departments.

	multiple hospitals, departments, and organizational entities?		
75.	How important is the ability to personalize content and communications based on employee role, location, department, or clinical specialty?		Audience segmentation is critical.
76.	What expectations does UK HealthCare have around vendor-led change management, training, and ongoing customer success after implementation?		Guidance on best practices in change management and training is highly desirable.
77.	How does UK HealthCare envision measuring employee engagement and communication effectiveness after the new platform is deployed?		See answer to #9 above.
78.	Can you provide the documents referenced as appendices in the RFP? a. Appendix A – HIPAA/BAA Agreement b. Appendix B – UKHC IT Technical Requirements – Employee Learner Digital Platform		All documents for the RFP are posted on UK Procurement's official bid and proposal page: https://purchasing.uky.edu/bid-and-proposal-opportunities Please note the RFP is linked in the RFP number, UK-2613-27, and the documents are linked under their listed names on that page.
79.	Beyond replacing the current platform, what three measurable business outcomes would UK HealthCare consider most important during the first 12 to 18 months after launch—for example, improved communication reach, reduced time spent locating information, increased employee engagement, or stronger adoption of organizational initiatives?		See answer to #28 above.
80.	How does UK HealthCare expect the new employee platform to support its transformation into a High Reliability Organization, particularly in areas such as consistent access to procedures, urgent communications, employee awareness, and reinforcement of expected behaviors?		UK HealthCare expects the new employee platform to serve as a trusted, centralized source for procedures and urgent communications while improving awareness of HRO priorities. It should also reinforce expected safety behaviors through consistent, visible and engaging, multimedia content across the organization.

81.	What platform is The Loop currently on?		See answer to #17 above.
82.	Can UK HealthCare describe its broader Microsoft 365 digital workplace strategy, including the current and anticipated roles of SharePoint Online, Microsoft Teams, OneDrive, Power Platform, Viva, and Microsoft 365 Copilot?		The University is overwhelmingly a Microsoft shop. All employees have paid-tier accounts for essentially all of the Microsoft suite of tools: Office 365, Azure, Power Apps, SharePoint Online, Teams, OneDrive, CoPilot, and many, many more. Largely, these tools are used with individual discretion though many are employed in enterprise applications including CoPilot, Teams, Power Platform, SharePoint, and yet more.
83.	Does UK HealthCare envision the future employee experience as a destination employees navigate to, or as a unified front door available across channels such as the web, Microsoft Teams, mobile devices, email, and digital signage?		UK HealthCare envisions the future intranet as more of a unified front door than just a destination to navigate to.
84.	Are the affiliate populations (King's Daughters, St. Claire, +10K users) in scope for initial launch or phased in later?		These users are included in the scope of this project.
85.	What AI tools does the University currently utilize or have access to?		Enterprise level Microsoft Copilot.
86.	As UK HealthCare modernizes The Loop, how does it envision AI changing the way employees access policies, procedures, applications, communications, and organizational knowledge over the next three to five years?		AI implementation in The Loop will primarily facilitate improved search results and may also be used by site administrators to analyze usage and sentiment. See also answer to #41 above.
87.	Does UK HealthCare view employee AI adoption, trust, and responsible use as part of this initiative? If so, what factors will be most important—for example, answer quality, approved sources, personalization, auditability, governance, or ease of access within an employee's normal workflow?		Yes. See answer to #86 above.
88.	Does UK HealthCare anticipate that different employee populations—such as clinicians, researchers, administrative employees, leaders, and regional		Yes.

	affiliates— will require different AI, knowledge, communication, and self-service experiences based on their roles and context?		
89.	As AI assistants and agents emerge across Microsoft 365 and systems such as ServiceNow, Workday or UKG, SAP, and other enterprise platforms, is UK HealthCare considering how employees will know which AI capability or system to use for a particular need?		This is outside the scope of the project.
90.	What is the system or systems of record for the existing Loop solution? Will those systems continue to serve as the authoritative source following retirement of The Loop?		No. See answer to #17 above.
91.	Can you share a more detailed inventory of content, or is content inventory expected to be developed as part of the migration strategy? If so, should migration effort be estimated at a high level?		Content inventory is not expected as part of the migration strategy.
92.	Can you share the current site map for the Loop?		The current site architecture does not accurately reflect the intended structure of the redeveloped intranet.
93.	Of the approximately 10,000 pages currently housed in The Loop, is UK HealthCare seeking a like-for-like migration, or does it expect the selected partner to help identify obsolete, duplicative, unowned, or low-value content and establish stronger governance before migration?		UK HealthCare will be responsible for identifying obsolete or duplicative content. The vendor is expected to facilitate migration programmatically.
94.	Of the 10,000 pages, what are the top 3–5 content types by volume (static pages, news articles, events)?		43% of existing content is news and events.
95.	Approximately how many documents are currently on The Loop and require migration?		See answer to #91 above.
96.	What are the most impactful types of content and messaging you are looking to deliver through the new platform?		In addition to making key policy documents and procedures easily accessible and searchable on the intranet, UK HealthCare plans to deliver

			a mix of multimedia content, employee stories, news articles, crisis and urgent communications, and targeted internal campaigns. The platform should make high-priority initiatives, including HRO, more visible, engaging and actionable for employees.
97.	Are there key business areas (departments, functional areas, affinity groups, etc.) that rely more heavily on intranet content? What methods will those groups primarily use to access content (desktop, mobile browser, mobile app, kiosk, shared workstation, Teams, etc.)?		While there are departments that access the intranet more often, even within those departments there is no overarching method used. The size and breadth of the organization demand that desktop, mobile, and shared workstation access all be equally considered.
98.	If the affiliate populations are in scope, do they bring existing content that must be consolidated into the new platform?		Yes.
99.	Does the University wish to deliver intranet content in multiple languages, or is English-only anticipated?		All employees are proficient in English.
100.	Are there areas of content that require unique permissions, audience targeting, or security controls beyond generally available employee content?		Yes.
101.	Do you have brand guidelines that can be shared? Do those guidelines include digital or web experience standards? Are there affiliated organizations or sub-brands with separate branding requirements?		See Section 6.27 of the RFP. Brand guidelines will be shared with the selected vendor.
102.	The Services Defined section references numerous enterprise integrations. Should we assume appropriate APIs, web services, agents, or other integration mechanisms are available for each required system?		No.
103.	The RFP references integration with "existing key platforms" before listing several systems. Are there additional enterprise applications not listed that should be considered in scope?		No.

104.	For timekeeping, both UKG and Workday are referenced. Is the expectation that different employee populations use different systems? If so, is there a reliable method for determining which system applies to a given employee?		Different employee populations do use different systems. These populations are defined by their parent organization within the enterprise system.
105.	Which ServiceNow capabilities are currently deployed (Knowledge Base, Service Catalog, Incident Management, HR Service Delivery, Employee Center, etc.)?		At present, the University is using the Service Catalog, Incident Management, Knowledgebase, Request Management, and Demand Management—as well as a slew of other ancillary features.
106.	Which social media platforms are expected to be integrated? Beyond X, Facebook, and LinkedIn, are additional platforms important to UK HealthCare?		None.
107.	When integration with existing Drupal websites is referenced, what type of integration is envisioned? Should news, articles, events, or other content be syndicated into the employee platform?		All colleges and the public UK HealthCare website are Drupal-based. It is desirable to pull in news, events and employee profiles.
108.	The RFP references integration with external analytics providers. Are these intended to supplement traditional web analytics solutions such as Google Analytics 4 or Adobe Analytics, or are there additional enterprise analytics platforms under consideration?		The external analytics providers are tools such as GA4 and Microsoft Clarity. At this time there are no additional enterprise analytics platforms under consideration.
109.	For the employee directory, Entra ID is commonly used as the profile source. Since Workday is also referenced, does UK HealthCare maintain a "golden source" for employee profile information that should be considered?		Entra ID will be the primary source for user data for UK HealthCare users with supplementary data from both SAP and Workday as needed. We have an in-house identity management API we may be able to use as middleware.
110.	Is PHI expected to touch the platform, or is it scoped as a non-PHI employee experience environment?		The Loop is intended to be a non-PHI tool. See answer to #3 above.
111.	We assume WCAG compliance refers to WCAG 2.2 Level AA. Is that the expected accessibility standard for this project?		Yes.
112.	Does UK HealthCare have an existing communication and adoption plan for		Development of that strategy should be included as part of the implementation.

	launching the new employee platform, or should development of that strategy be included as part of the implementation?		
113.	Licensed User Population: The RFP states that The Loop currently has 22,742 active users, with an anticipated increase of approximately 10,000 users as regional affiliates are added. Should vendors base pricing on the current active user population, the anticipated future population, or provide separate pricing scenarios for both? If the additional users should be included, what is the anticipated timeline for onboarding these users?		Vendors should provide pricing based on the anticipated future population as that population is intended to come onboard at the launch of the new platform.
114.	User Population: Can UK HealthCare provide an approximate breakdown of the anticipated user population across clinical/frontline employees, desk-based employees, faculty and staff, and learners or approved non-employee users?		See answer to #66 above.
115.	Migration Scope: The RFP notes that approximately 10,000 pages are currently housed within The Loop, with roughly half considered inactive. Approximately how many pages and associated content assets should vendors assume will be migrated to the new platform?		5,000.
116.	Content Rationalization: Will UK HealthCare complete content review and rationalization prior to migration, or should vendors include professional services to assess, archive and migrate content as part of the implementation?		See answer to #93 above.
117.	Digital Signage: Section 7.2(C) references "Potential options for consolidating digital signage into the platform." Can UK HealthCare provide additional details regarding the current digital signage environment, including the current solution, the approximate number of displays, the primary use cases, and		The University of Kentucky currently uses Korbyt digital signage. UK HealthCare manages 58 screens, primarily for employee communications, with a small percentage of signage being patient-focused.

	whether signage consolidation is being considered as part of the initial implementation or a future phase?		
118.	Integration Priorities: The RFP references several enterprise systems, including Microsoft 365, SharePoint, Workday/UKG, ServiceNow, SAP, Active Directory and Drupal. Can UK HealthCare clarify which integrations are required for the initial implementation and which are expected to be delivered in subsequent phases?		See answer to #33 above.
119.	Enterprise Search: The RFP places significant emphasis on enterprise search capabilities. Can UK HealthCare clarify whether vendors should propose a unified enterprise search experience across connected systems, a federated search approach leveraging source-system capabilities, or recommend the approach best suited to UK HealthCare's requirements?		Vendors should recommend the approach best suited to UK HealthCare's requirements.
120.	Mobile Adoption: The RFP notes that adoption of the current mobile application has been extremely limited. Can UK HealthCare provide any additional insight into the primary barriers to mobile adoption and whether increasing mobile engagement is considered a strategic objective of this project?		Increasing mobile engagement is considered a strategic objective of this project. See answer to #7 above.
121.	Content Governance: The RFP references approximately 66 users with advanced authoring privileges. Does UK HealthCare anticipate expanding the number of content authors, approvers and administrators as part of the future governance model?		Yes.
122.	Success Criteria: Beyond replacing the existing intranet platform, what are the primary business outcomes UK HealthCare will use to measure the success of the project?		See answer to #9 above.

123.	Procurement Timeline: Beyond the proposal submission deadline, can UK HealthCare provide the anticipated timeline for proposal evaluation, vendor demonstrations, shortlist selection, contract award, and the target implementation or go-live date?		We will do our best to keep this RFP moving forward towards a conclusion, but we can not provide definitive timelines at this juncture.
124.	Project Sponsorship: Can UK HealthCare clarify which functional areas are sponsoring and evaluating this initiative, and which business area will own the platform following implementation?		Corporate Communications owns the intranet, coordinated closely with the College of Medicine.
125.	Partnership: Beyond meeting the functional requirements outlined in the RFP, what characteristics define an ideal long-term partner for UK HealthCare?		Thoughtful growth strategy that prioritizes and supports client needs rather than market capture.
126.	Employee Adoption: What are the primary objectives for improving employee adoption and engagement with the new platform, particularly among frontline and clinical staff, and are there any specific adoption metrics or KPIs UK HealthCare is targeting following implementation?		See answer to #9 above.
127.	Would the University be willing to share an estimated budget range or anticipated funding allocation for this project?		There is a budget and we will not be sharing that at this time.
128.	Could the University please identify the current intranet platform/vendor used for The Loop?		Interact Intranet.
129.	Could the University provide the anticipated project timeline, including the desired implementation and go-live dates?		See answer to #123 above. .
130.	Could the University provide an approximate estimate of the number of pages, documents, and other content assets expected to be migrated, as well as any content anticipated to be archived rather than migrated?		Pages: ~5000 Files: ~2300
131.	Does the University have a preferred cloud hosting provider or environment, or are vendors encouraged to recommend		The University is mostly using Azure at this time.

	the hosting solution that best meets the University's requirements?		
132.	Beyond HIPAA compliance, are there any specific security certifications or compliance requirements (such as SOC 2 Type II, HITRUST, or ISO 27001) that the selected vendor or proposed platform must satisfy?		There will be a security evaluation performed once we are able to determine the awarded vendor(s).
133.	Should mobile application functionality be included as part of the base project scope, or is it considered an optional or future enhancement?		Mobile application functionality should be considered a core component of the project.
134.	Does the University have a preferred approach for the underlying intranet platform (e.g., a Drupal-based solution, WordPress-based solution, or commercial intranet platform), or are vendors encouraged to recommend the platform they believe best aligns with the University's functional, technical, governance, and long-term support requirements?		Vendors are encouraged to recommend the platform they believe best aligns with the University's functional, technical, governance, and long-term support requirements.
135.	For the implementation & support of the system - does UK allow for resources located outside of the United States to perform work remotely? Specifically, Brazil, Canada, and Mexico? Or, do you prefer a fully US-based team?		It is the University’s strong preference that its data not leave the United States as a matter of business practice.
136.	Is there a budget planned for this project? Can you share, if so?		There is a budget and we will not be sharing that at this time.
137.	Is UK and/or UK Healthcare a ServiceNow customer today?		Yes.
138.	If awarded, will the UK Project team be comprised of UK employees, UK Healthcare Employees, or a mix of both?		There will be a mix of both UK HealthCare employees and UK employees.
139.	Is there any MBE, WBE, or VSOB requirement?		No.