**Request for Proposals**

**Homeless Hotline**

**January 12, 2018**

**Part 2: APPLICATION**

**1. Applicant and Project Information**

|  |
| --- |
| **Date:** |
| **Project Name:** |
| **Name of Lead Organization (project sponsor):** |
| **Mailing Address:** |
| **Contact Person:** |
| **Telephone: Fax: E-mail:** |

**2. Authorization**

|  |
| --- |
| Acting as a duly authorized representative, I hereby affirm that the governing body of the below named organization has reviewed and accepts all the guidelines, requirements and conditions described in the Community Shelter Board Request for Proposals. |
| **Applicant Organization:** | **Date:** |
| **Authorized Signature:** |
| **Name/Title:** |

**3. Applicant Experience**

* 1. **How many years has the Applicant been operating call centers?**

[ ]  6+ Years

[ ]  3 – 5 Years

[ ]  1 – 2 Years

[ ]  Less than 1 Year

[ ]  No experience

1. **How many years has the Applicant been triaging and offering services to callers similar to those described in the RFP?**

[ ]  6+ Years

[ ]  3 – 5 Years

[ ]  1 – 2 Years

[ ]  Less than 1 Year

[ ]  No experience

1. **How many years does the Applicant have experience operating a substantially similar program as described in the RFP?**

[ ]  6+ Years

[ ]  3 – 5 Years

[ ]  1 – 2 Years

[ ]  Less than 1 Year

[ ]  No experience

1. **Experience and Capacity Description:** Provide a brief (no more than 1 page) description of your organization’s experience operating a call center or similar project(s) and capacity to operate the Homeless Hotline as described in the RFP.

**4. Project Description**

*(Response to questions in the Project Description section should not to exceed 12 typewritten pages)*

**Project Summary:** Provide a brief (1-2 paragraphs) description of the project, core program services, and program staffing.

**Detailed Project Narrative:** Describe your proposed approach to implementing and operating the Homeless Hotline to include the Coordinated Entry Core Components and Program Staffing, Training, and Supervision detailed in the Request for Proposals.

**Organizational Experience and Capacity**

1. Provide general information about your company, including:

* Relevant background
* Location(s)
* Number of employees
* Any subsidiaries
* Any parent companies
* Affiliations, associations, or other business relationships related to issues of homelessness and/or poverty

2. Provide an overview of your current call center operations and any changes planned for over the next three years.

3. Do you own and maintain your call center platform?

4. Where are your call center location(s) and service areas?

5. What are your hiring practices for Call Specialists?

6. Describe the specific training provided to Call Specialists prior to their handling customer calls and explain how Call Specialists are trained.

7. What is the average tenure of your Call Specialists?

8. What is the average tenure of management and support staff?

9. What is the supervisor span of control (supervisor to Call Specialist ratio)?

10. How many work at home (WAH) agents do you currently employ in the United States? What are your plans for using the WAH model as it pertains to this proposal?

11. What capability do you have to scale your call center response to spikes in First Notice of Loss (FNOL) call volume driven by seasonal increases or other predictable high volume periods?

12. Explain your telephony platform and IVR capabilities. Do you own this platform?

13. Explain how redundancy is built into your call center operations? How frequently and to what extent do you test your redundancy?

14. Do you store the FNOL data, and if so, for how long? How do you protect this data?

15. What reporting or dashboards capability do you provide your customers?

16. Describe your Quality Assurance (QA) process, what is measured, feedback mechanisms, and how that information is reported. Do your reports and dashboards support measuring timeliness, quality, and customer satisfaction of the caller?

17. What is your standard QA service level?

18. What is your average handling time for similar services (talk time and work after disconnecting)?

19. What is your average time from receipt of call to answer by live Call Specialists?

20. Describe your capabilities in providing translation/interpretation services.

21. Who do you see as your key competitors? What differentiates your firm from your competitors and how is this achieved?

22. How many clients does your firm currently support with contact center services? What specific services do you provide to these clients? How many similar carriers do you support? Please provide a client list if possible and include each client’s tenure with you.

23. May we contact any of your current clients? If so, please provide contact information.

**Project-Specific Questions**

24. Describe your willingness to collect data in the local Homeless Management Information System (HMIS) instead of using your own application.

25. Describe your capabilities with regard to data privacy and security, including how you would secure the HMIS application and system data.

26. What is your pricing structure? What are fees for modifications to your system or business rules? Is there a cost for program charges? Does the proposed budget include contingencies?

27. Explain how staffing will ensure a Call Specialist response time of 5 minutes or less.

28. Explain your ability and willingness to attend regular operations and planning meetings and any related limitations.

**5. Budget**

Complete one Budget worksheet (FY19 CSB Gateway Budget), including one Salary and Wages worksheet and a detailed Budget Narrative. The budget template is available at <http://www.csb.org/providers/applying-for-funds>. Complete the budget for the entire grant period, 07/1/18 – 06/30/19.

In the budget narrative include a thorough explanation of all the expenses associated with each line item. Make clear the assumptions involved in determining the budgeted amounts. Explain how the first year budget will be different from subsequent annual budgets.

Provide summaries of job descriptions related to this project and included in the budget.

Contact Operations Director Lianna Barbu at 715-2535 or lbarbu@csb.org if you have questions about the budget.

**6. Applicant Certifications**

If selected, we agree to:

* 1. Collaborate with CSB to develop and implement a Homeless Hotline program consistent with the FY 2019 Homeless Hotline Request for Proposals, including development and finalization of access, assessment, prioritization, and referral tools, policies, and procedures. .
	2. Collaborate with CSB to develop and finalize monthly Program dashboard.
	3. Participate in the local Homeless Management Information System.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Agency

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date