

APPENDIX A: WRITTEN RESPONSE PACKET

Solicitation Number: ITN 21-03

Title: Contact Center Services

Issuer: Florida Prepaid College Board
1801 Hermitage Boulevard, Suite 210
Tallahassee, FL 32308

When completing this Written Response Packet, the Respondent should give clear, concise, and, where appropriate, quantifiable replies to all questions. The length of the Response is at the discretion of the Respondent; however, Responses are expected to be brief and to contain full and fair disclosure of essential elements without references to an appendix or attachment, unless otherwise requested. Respondents shall only propose one product against one benchmark.

This packet is made available in Microsoft Word on the Board's website for ease of completion. Please visit: myfloridaprepaid.com/who-we-are/about-the-board/board-reports-and-plans/.

TAB 1: INVITATION TO NEGOTIATE ACKNOWLEDGEMENT

Solicitation Number: ITN 21-03
Title: Contact Center Services
Issuer: Florida Prepaid College Board
1801 Hermitage Boulevard, Suite 210
Tallahassee, FL 32308

This sheet and the accompanying negotiation documents constitute an offer from the Respondent to provide the services detailed in the solicitation under the contractual terms provided therein.

By completing this acknowledgment, I agree to abide by all conditions of this negotiation and certify that (1) I am authorized to sign this response and (2) that the offer complies with all requirements of the solicitation.

Respondent (Firm): _____

Contact Person: _____

Address: _____

Telephone: _____

E-Mail Address: _____

Authorized Signature: _____

Date: _____

Printed Name & Title: _____

TAB 2: MINIMUM AND PREFERRED QUALIFICATIONS

Solicitation Number: ITN 21-03
Title: Contact Center Services

Respondent: _____

The following represent minimum qualifications. A mark in a field indicates an affirmative response to the statement. Any Respondent that does not satisfy the criteria herein shall be rejected.

Minimum Qualifications	Yes/No
Has a minimum of five years' experience providing contact center services, including incoming and outgoing call and live chat handling to either federal, state or local governments or financial services related customers.	_____
Has their principal place of business and corporate charter located and registered in the United States.	_____
Agrees to provide the services and agrees to all other requirements as stated in the ITN.	
Agrees to propose contact centers and resources that are U.S. based.	

Preferred Qualifications	Yes/No
Has a minimum of five years' experience providing sales, banking and/or financial product orientated contact center services.	_____
Offers contact center services during the weekend.	_____
Offers (or agrees to utilize Board's) scheduling solutions where customers can set a time (or time window) to receive a call.	_____

TAB 3: ORGANIZATIONAL EXPERIENCE

Solicitation Number: ITN 21-03

Title: Contact Center Services

Respondent: _____

Organization Overview

1. Introduce the Respondent by providing a brief overview of:
 - a. History
 - b. Services provided
 - c. Location(s)
 - d. Ownership structure
 - e. Number of employees

2. Provide background information about your company, including how many years in business, number and industries of clients served, annual revenue, and any awards or certifications received, including PII, PCI, SOC1 and/or SOC2 certifications.

3. Provide the name, contact information and a brief description of services provided for at least three relevant clients. The Board may contact these individuals during due diligence efforts.

4. Describe your organization's experience, if any, using Salesforce platform applications and capabilities to track and manage customer interactions.

- Describe how your organization manages quality control and provide an organizational chart showing where quality control responsibility resides as well as the reporting flow, escalation, and resolution of incidents or violations.

Regulatory Restrictions, Litigation and Conflicts of Interest

- State whether or not there are any past or pending regulatory restrictions, consent orders, stipulations or litigation to which the Respondent, any subcontractor, any Related Entity of the Respondent or any subcontractor, or any of their principals, owners, directors or officers, has ever been a party that would affect its or their ability to provide the required services or which alleges any unfair, illegal or unethical business practice. If so, a detailed description of each must be provided.

- State whether or not any penalties, fines or liquidated damages have been imposed against the Respondent, any subcontractors or any Related Entity of the Respondent or any subcontractor, including without limitation thereto, those associated with any contract for services entered into by the Respondent, any subcontractor, or any Related Entity of the Respondent or any subcontractor, within the past five (5) years. If so, a detailed description of each such incident, including the amount of the penalty, fine, or liquidated damages imposed, must be included in the Response.

- State whether or not the Respondent or any subcontractor has ever been involved in any litigation with any Qualified Tuition Plan. If so, a detailed description of each lawsuit must be provided.

- State whether or not the Respondent or any Related Entity has ever been contacted by any regulatory body (federal, state or industry) regarding any potentially illegal, non-compliant, unethical or improper activities involving the Respondent, any Related Entity, or any of the employees of the Respondent or any Related Entity. If so, a detailed description must be provided that indicates whether your firm or any Related Entity conducted an investigation of those matters.

10. Confirm that the Respondent has not been placed on the convicted vendor list and that it will comply with the provisions of s. 287.133, F.S. Section 287.133(2)(a), F.S., which provides:

A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in s. 287.017 for CATEGORY TWO for a period of 36 months following the date of being placed on the convicted vendor list.

11. Confirm that the Respondent has not been placed on the discriminatory vendor list and that it will comply with the provisions of s. 287.134(2)(a), F.S. which provides that:

An entity or affiliate who has been placed on the discriminatory vendor list may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity.

12. Pursuant to the provisions of Chapter 112, F.S., Respondents must disclose with their Response the name of any officer, director, or agent who is also an employee of the State of Florida, the Board, or any State agency. Respondents must disclose the name of any state employee who owns, directly or indirectly, interest of five percent or more in the Respondent. Respondents must disclose all investment products, annuities, mutual funds or other similar type savings plans that are marketed or sold by the Respondent or its proposed subcontractors for other states as a part of a prepaid college fund or a college savings fund.

TAB 4: CONTACT CENTER SERVICES

Solicitation Number: ITN 21-03

Title: Contact Center Services

Respondent: _____

Business Alignment

1. Describe the overall vision, mission, and/or strategic goals of your organization.

2. Describe services provided, if any, for financial advisory organizations and integrations with financial advisory systems and customer service delivery. If not financial advisory, then any general financial services or banking organizations. Please specify.

3. Describe your organization's client base include average resource allocation to each client.

4. Does your organization have a minimum number of representatives the Board will need to maintain? If yes, please provide. Additionally, does your organization have a maximum(cap) number of representatives they are able to support? If yes, please provide.

Service Culture

5. Provide an overview of a typical implementation including:
 - a. Scope of onboarding activities
 - b. Implementation methodology
 - c. High-level timeline of activities, including durations
 - d. Staffing / resource requirements for Respondent and Board / authorized service provider(s)

- e. Assumptions included in the approach described
- f. Key risks and mitigations included in approach described
- g. typical staffing model for post-go-live operational support and maintenance
- h. Include both telephony (ANI/CTI) integration and Contact Center IVR, Training, Scripting and staffing activities.

6. Describe your organization's prior experience in operating a multilingual contact center including the industries you currently serve. Specify which languages you support.

7. The Board intends to meet or exceed contact center industry standards. Provide any Respondent-proposed service levels agreements (SLAs) and financial consequences related to proposed services. Specify your industry standard SLAs for service and if you offer enhances service levels.

8. Provide an example of reports and analytics that will be available to the Board such as call times, average hold times, and volumes. Specify which key metrics you use to monitor and ensure customer engagement, satisfaction and success (KPIs).

9. Does your organization conduct client satisfaction surveys? If yes, describe how you conduct regular client satisfaction surveys and how the information is used? Please summarize any relevant survey results.

People Skills

10. Does your organization have formal Training and Staff Development plans for your Contact/Support Center representatives?

11. Describe how new technology or process training is provided to representatives.

12. Provide information about the locations and number of contact centers available, including if representatives work from home or are at dedicated contact centers.

13. Provide the spoken and written languages that can be supported and if representatives are dedicated to a specific client and/or if representatives can be allocated based on time required.

14. Describe how you would handle increased staffing requirements during peak periods, such as Open Enrollment.

Operational Processes

15. Describe the customer service operations that will be offered for the Board's Programs, including, but not limited to, how it will:

- a. Obtain and record information required by the Board, such as contact information, how the caller learned about the Board's Programs, and the type of call;
- b. Offer assistance with the completion of an enrollment application;
- c. Assist customers with questions; and
- d. Assist customers with their purchasing decisions.
- e. Please note where there is a difference, if any, where the contact is an inbound call, outbound call, or chat session.

16. Identify the customer service structure for incoming and outgoing calls and live chat sessions on behalf of the Board's Programs, including, but not limited to, how it will provide an adequate number of phone lines and representatives to meet or exceed the customer service requirements of the Board's Programs throughout the year and the ability to transfer calls and chats internally and externally.

17. Propose how customer service for the financial products included in the Board's Programs should be handled.

Please note that no security issued by the Program has been registered with or approved by the United States Securities and Exchange Commission or any state securities commission. Further, the Accounts are not subject to oversight by the Financial Industry Regulatory Authority or the Municipal Securities Rulemaking Board.

18. Describe the process, including timelines for when a customer would be escalated or transferred from one support group to another.

19. Describe the adequacy of your organization's disaster recovery, business continuity, and incident management plans.

People Motivation

20. Describe the typical career path of individuals within your organization.

21. What is the average turnover rate for representatives within your organization?

22. What is the average time in position for contact center representatives and management?

23. Describe the organizational structure of the contact center. Are representatives self-managed or is there a team leader?

24. Describe the evaluation of representatives including criteria, frequency, and corrective actions used.

Tools, Technology, & Security

25. Describe your organization's procedures for ensuring security of customer data and sensitive information, including subcontractors.

26. Describe the Respondent's technology capability to provide the services outlined in the ITN.

27. Describe the technologies are presently in use by the Contact Center. Include names, model numbers and known capacities where possible. Examples of technologies include:

- a. Automatic Call Distributor (ACD) Make and model
- b. Predictive Dialer technology
- c. Call Recording/call monitoring tools
- d. Computer Telephony Integration (CTI)
- e. Interactive Voice Response (IVR)
- f. Problem Management/Call Tracking system
- g. Knowledge Systems/Expert Systems/On-line documentation tools, symptom-solution databases
- h. Remote Support Tools (PC Anywhere, etc.)
- i. Web tools/channels supported
- j. Social Media Channels supported
- k. Mobile applications supported
- l. Analytic/data mining tools

28. Identify the contact center structure provided to support the customer service operations, including, but not limited to, how it will:

- a. Use ANI/CTI (Telephony Integration) to integrate with the Board's Salesforce organization
- b. Routing between multiple 1-800 numbers
- c. Use pre-screening information, such as phone numbers, to verify the caller and pull up account information automatically;
- d. Recording and indexing of all incoming and outgoing phone calls for quality assurance and training purposes and to be accessed remotely from the Board office; and
- e. Recording call data for statistical reporting about each incoming and outgoing phone call, such hold and talk time.

[Redacted]

29. Describe any other communication channels that are available to the Board such as email response, social media responses, chat, and text/SMS.

[Redacted]

30. Describe how the Respondent ensures its technology is maintained from both a user functionality and data security perspective.

[Redacted]

31. Is any part of your contact center operations or resources outsourced? Please describe.

[Redacted]

32. Is any of your contact center functionality/technology hosted by an external/internal vendor? Please describe.

[Redacted]

33. Describe the results any third-party vulnerability scans and penetration tests from within the last 12 months.

[Redacted]

34. Describe your experience with using Salesforce CRM application to provide customer service.

[Redacted]

TAB 5: VALUE-ADDED SERVICES

Solicitation Number: ITN 21-03
Title: Contact Center Services

Respondent: _____

Value-Added Services

For each Value-Added Service, describe the service your organization offers that may provide enhanced benefits to the Board, including operational efficiencies, cost savings, etc. The description should include:

- a) Overview of the service
- b) Benefits to the Board of receiving or utilizing the service
- c) One-time and ongoing cost to the Board for receiving or utilizing the service
- d) Expectations or requirements of the Board in order to begin receiving or utilizing the service
- e) Implementation activities necessary to be performed to begin receiving or utilizing the service

TAB 6: PRICING SCHEDULE

Solicitation Number: ITN 21-03
 Title: Contact Center Services

Respondent: _____

The Board is open to the Respondent's recommended pricing model based on the services requested. Please use the below chart to specify your pricing model, including the breakdown of one time and operational costs for Contact Center and Value-Added Services.

Please provide all pricing on an individual representative basis (e.g. One Contact Center Representative - \$XX.XX/per day).

Contact Center Services				
One Time Costs (Implementation & Integration)	Measure	Quantity	Unit Price	Item Total
Total				
Operational Costs (Include Frequency / Unit)	Measure	Quantity	Unit Price	Item Total
Total				

