**Illinois Department of Public Health**

**COVID-19 Vaccine Appointment Call Center**

**Request for Proposal**

**Attachment F: Proposal Specifications Checklist**

Please indicate, utilizing the table below, the section and page number where the requested information is in your proposal. Respondent must complete this Proposal Specification Checklist Table provided to identify how their proposal meets the requirements of the solicitation.

|  |  |
| --- | --- |
| **Mandatory Criteria** | **Vendor’s Proposal Page Reference** |
| Complete contact information of vendor to include name of vendor, vendor’s address and contact person, including work phone, cell phone, and e-mail address. | SectionPage(s) |
| Operational plan that addresses each of the functions described in the Scope of Work. | SectionPage(s) |
| Demonstration of prior history of operating a hotline of similar capacity and scope as described in the RFP. | SectionPage(s) |
| 3 references with complete contact information. | SectionPage(s) |
| Vendor is BEP certified with the State of Illinois and/or names subcontractor(s) that are BEP certified with the State of Illinois and will meet BEP goal. | SectionPage(s) |

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| **Evaluation Criteria** | **Vendor’s Proposal Page Reference** |
| Complete contact information of vendor to include name of vendor, vendor’s address and contact person, including work phone, cell phone, and e-mail address. | SectionPage(s) |
| Operational plan that addresses each of the functions described in the Scope of Work | SectionPage(s) |
| Timeline for becoming fully operational by February 26, 2021 | SectionPage(s) |
| Plan for data collection, tracking, and daily submission of a call log to the State | SectionPage(s) |
| Plan for hiring and training vendor's staff | SectionPage(s) |
| Plan for provision of language access services | SectionPage(s) |
| 3 references with complete contact information | SectionPage(s) |
| Demonstration of prior history of operating a hotline of similar capacity and scope as described in the RFP | SectionPage(s) |
| Vendor has is BEP certified with the State of Illinois and/or names subcontractor(s) that are BEP certified with the State of Illinois | SectionPage(s) |
| Demonstration that vendor will follow best practices related to the distribution of information to healthcare providers and the general public. | SectionPage(s) |
| Proposed Pricing (submitted separately) | SectionPage(s) |