
REQUEST FOR QUOTE (RFQ)

CALL CENTER SERVICES

Issue Date: May 21, 2020

Provide the information requested below:

- ◆ All information should be returned no later than Friday, June 5, 2020 by 3:00 PM.
- ◆ Questions to this RFQ will be accepted in writing only. You may submit questions no later than Thursday, May 28, 2020 prior to 5:00 PM. Responses will be provided no later than Friday, May 29, 2020.
- ◆ Responses must be emailed to the Authorized Contact:
Cynthia Caruso, Contracting & Procurement Specialist
Email: ccaruso@wsalamo.org
Phone: (210) 272-3250

Workforce Solutions Alamo is a 501(c)(3) organization. We are accepting Quotes to provide Call Center Services on an as-needed basis. WSA is a non-profit organization exempted from sales taxes.

Any subcontracting must be specified in the quote. All subcontracting is subject to applicable federal, state and local laws, rules, regulations and policies. If a bidder proposes to subcontract any of the services and activities to be provided, the bidder must indicate which services and activities will be subcontracted and the rationale behind using subcontractors instead of providing the services directly. The bidder must also describe how subcontractors were (or will be) procured and selected, their qualifications, as well as the basis for payments. Subcontractors are subject to the same requirements as the bidder under this bid request and resultant contract.

Scope of Work

Services included under this agreement will include providing full-service Inbound, Outbound, Electronic and Business Process Outsourcing (BPO) call center services. WSA wants to extend our reach into current demographics, provide stronger customer support and retain our existing customers. Services will be required during normal business hours of 8:00 a.m. to 5:00 pm, Monday through Friday with an option for extended business hours and to include weekends.

WSA is looking for a cost-effective solution with the following features:

- Customer Service
- Telephone Answering
- Appointment Management
 - Appointment Setting
- Market Research
- Mystery Shopping
- Event Registration
- Automated Services
 - Appointment Reminders
 - Online Scheduling
- Multilingual and Hearing-impaired Support
- Keep records of all conversations in call center database

Contractor Responsibilities

The individuals who perform Services on behalf of the Contractor are hereinafter referred to as "Contractor Personnel" and at all times meet the requirements set forth. The Contractor's personnel shall hold the appropriate current and valid license(s) required. The Contractor shall have additional personnel available to perform services at multiple WSA locations at the same time if required by WSA.

The Contractor shall provide all labor, materials, miscellaneous parts, equipment, tools, transportation and methods of communication required to perform the work listed in this document. If required, the Contractor shall provide additional miscellaneous services necessary to meet requirements of the specified services throughout the term of the agreement.

The Contractor shall provide a primary point of contact to ensure continuity of services for WSA. The Contractor will be required to be available during normal business hours of 8:00 a.m. to 5:00 p.m., Monday through Friday with an option for extended business hours to include weekends.

Prior to assigning any individual to perform the Services, Contractor shall perform a criminal background check (in accordance with, and subject to any restrictions or limitations imposed by, Texas law) that includes discovery of any conviction of a felony during the last seven (7) years and Contractor shall confirm that the individual's employment complies with relevant immigration law. Contractor shall not assign Contractor Personnel if that employee has in the last seven (7) years been convicted of a felony or does not meet the requirements under the immigration laws.



Date: _____

Company Name: _____

Company Address: _____

City, State, Zip: _____

Email: _____

Type of Service: _____

Name & Title of Officer/Authorized Representative: _____

Contact Person: _____

of Years in Business: _____

of Staff: _____

Insured? Yes _____ No _____ (General/Auto/Worker Comp)

Licensed: Yes _____ No _____ (Required- Attach a copy with quote)

List All Service Areas (Alamo Region) where service can be provided per this request for quote:

Service Areas where service can NOT be provided per this request for quote:

Rates:

List rates for services plans:

Monthly _____

Quarterly _____

Annually _____

Three (3) Business References:

1. _____
2. _____
3. _____