

REVISED - BID RESPONSE PACKET
710-24-058

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Pricing – Provided on Separate File and Hard Copy

Official Bid Pricing Sheet
Price Quote Justification

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Direct Interactions, Inc.				
Address:	701 5th Ave Suite 4250				
City:	Seattle	State:	WA	Zip Code:	98104
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit				
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American				
AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>					
PROSPECTIVE CONTRACTOR CONTACT INFORMATION					
<i>Provide contact information to be used for bid solicitation related matters.</i>					
Contact Person:	Matt Storey	Title:	President		
Phone:	833-972-4162	Alternate Phone:	833-972-4162		
Email:	RFPteam@directinteractions.com				
CONFIRMATION OF REDACTED COPY					
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's Response Packet and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>					
ILLEGAL IMMIGRANT CONFIRMATION					
By signing and submitting a response to this <i>Bid Solicitation</i> , Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, Prospective Contractor certifies that it will not employ or contract with illegal immigrants during the aggregate term of a contract.					
ISRAEL BOYCOTT RESTRICTION CONFIRMATION					
By checking the box below, Prospective Contractor agrees and certifies that it does not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract. <input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel.					

An official authorized to bind Prospective Contractor to a resultant contract must sign below.

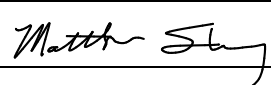
The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause Prospective Contractor's bid to be disqualified:

Authorized Signature: Matthew Storey Title: President
 Printed/Typed Name: Matt Storey Date: 5.21.2024

SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause Vendor's proposal to be disqualified.

By signing below, Vendor agrees to and **shall** fully comply with all requirements as shown in the bid solicitation.

Vendor Name:	Direct Interactions, Inc.	Date:	05.21.2024
Signature:		Title:	President
Printed Name:	Matt Storey		

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

☒ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

Contract Number _____
Attachment Number _____
Action Number _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: _____ SUBCONTRACTOR NAME: _____

☐ Yes ☒ No

IS THIS FOR

TAXPAYER ID NAME: _____

Goods? ☐ Services? ☒ Both? ☐

YOUR LAST NAME: _____

FIRST NAME _____

M.I.: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

COUNTRY: _____

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☒ None of the above applies

FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

☒ None of the above applies

Contract Number _____
Attachment Number _____
Action Number _____

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature  Title President Date 5.24.2024

Vendor Contact Person Matt Storey Title President Phone No. 833.742.9162

Agency use only

Agency Number 0710 Agency Name Department of Human Services Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____

Equal Employment Opportunity

Direct Interactions is an equal opportunity employer. In accordance with applicable law, we prohibit discrimination and harassment against any applicant or employee based on any legally protected characteristics, including, but not limited to: veteran status, uniformed servicemember status, race, color, religion, sex, sexual orientation, gender identity, age (40 and over), pregnancy (including childbirth, lactation and related medical conditions), national origin or ancestry, citizenship or immigration status, physical or mental disability, genetic information (including testing and characteristics) or any other category protected by federal, state or local law (collectively, "protected characteristics"). Our commitment to equal opportunity employment applies to all persons involved in our operations and prohibits unlawful discrimination by any employee, including supervisors and co-workers.

Any individual who believes that they or another individual have been subjected to discrimination in violation of this policy should report it pursuant to the Complaint Procedures described in the Company's Sexual and Other Unlawful Harassment policy. If the Company determines this policy has been violated, appropriate disciplinary action, up to and including termination of employment, will be taken.

Retaliation is prohibited against any person by another employee or by the Company for reporting proscribed discrimination or for filing, testifying, assisting or participating in any manner in any investigation, proceeding or hearing conducted by a governmental enforcement agency. An individual should report any retaliation prohibited by this policy pursuant to the Complaint Procedures described in the Company's Sexual and Other Unlawful Harassment policy. If a complaint of retaliation is substantiated, appropriate disciplinary action, up to and including termination of employment, will be taken.

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 1

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: May 21, 2024
SUBJECT: Telephone Answering Services (710-24-058)

The following change(s) to the above referenced IFB have been made as designated below:

- ☒ Change of specification(s)
- ☒ Additional specification(s)
- ☐ Change of bid opening date and time
- ☐ Cancellation of bid
- ☒ Other

ADDITIONAL SPECIFICATIONS

- Section 2.2 – add the following:
The Contractor will not be responsible for resolving caller concerns but will be responsible for documenting the information into the web-based link and transferring the information to Adult Protective Services.
- Section 2.4.B.3 - add the following:
 3. The Contractor **shall** be responsible for all equipment, supplies, and materials needed to provide telephone answering services.
 4. DHS will provide mandatory training on the script and the web-based link for data entry. Each operator must attend this mandatory training. Training, meetings, and discussions between DHS and Contractor will be virtual.
- Section 2.4.C.3 add the following:
 - The maximum wait or hold time for calls **must** be less than (2) two minutes.
 - The entire inbound or outbound call **must** be recorded. The recordings **must** be maintained for at least (5) five years.
 - The requirements of recording and storage for non-phone communications **must** be maintained for at least (5) five years.
- Section 2.5.H -add the following:
The Contractor **must** obtain the Alleged Victim's, Alleged Offender's and Reporter's information for call.

CHANGE OF SPECIFICATIONS

- Section 2.3.C - remove and replace with the following:
Contractor **must** have a minimum of three (3) operators available at all times. For verification purposes, Prospective Contractor **must** provide the number of operators available and the corresponding shift on page five (5) of the Response Packet. Vendor **shall** be responsible for determining the qualification of each employee.

- Section 2.4.C.8.a - remove and replace with the following:

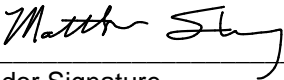
Each month, DHS will sample up to 10% of calls for quality control purposes. A low error rate is defined as less than five percent of the sample is deemed as failed calls.

OTHER

- Official Bid Price Sheet: remove and replace with the Revised Official Bid Price Sheet.
- Response Packet: remove and replace with the Revised Response Packet.
- Call Logs A-F: add Call Logs A-F for informational purposes only.

The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Arnetia Dean, DHS.OP.Solicitations@dhs.arkansas.gov or via phone at 501-683-5969.



Vendor Signature

Direct Interactions, Inc.

Company

5.22.2024

Date

Section 2.3 (A) Minimum Qualifications

Direct Interactions is committed to full compliance with all requirements set forth by the Arkansas Department of Human Services (DHS). We understand the importance of being registered and in good standing to do business in the State of Arkansas by the start of any resulting contract.

To meet these requirements, Direct Interactions has taken proactive measures to ensure all necessary documentation is obtained and ready for submission upon request. We have already initiated the process of securing our Certificate of Good Standing, Certificate of Authority, and any other required documentation from the Arkansas Secretary of State's Office. Our team is diligently working to expedite this registration process to ensure there are no delays.

Direct Interactions assures DHS that we will provide all required documents, including active registration from the Arkansas Secretary of State's Office or other state-approved documentation, as soon as we receive notification from the State. Our commitment to compliance is unwavering, and we will continue to monitor and fulfill all regulatory requirements promptly.

Direct Interactions received the following confirmation from the State demonstrating our compliance with all required fees paid in full.

Thank you. Your payment is complete.

Your account will be charged by Arkansas GovPay - Arkansas Government Services.

Payment Summary

Amount Paid:	\$258.00
Arkansas.gov Total:	\$270.00
Payment Status:	Complete
Order Date/Time:	05/16/2024 03:59 PM
Confirmation Number (Order Id):	20240516155912132
Name on card:	Christopher Fong
Email Address:	XXXXXXXXXX@DIRECTINTERACTIONS.COM
Phone Number:	833-972-4162
Billing Address:	3739 BALBOA STREET SAN FRANCISCO, CA 94121, UNITED STATES

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal,
hereby issue this

CERTIFICATE OF EXISTENCE

OF

DIRECT INTERACTIONS, INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 07/06/2007.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 04/19/2024
UBI Number: 602 742 213



Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 04/19/2024

Section 2.7 Insurance Requirements

Direct Interactions is dedicated to fully complying with the insurance requirements specified in the RFP. We understand the importance of maintaining adequate insurance coverage to protect both our organization and the Arkansas Department of Human Services (DHS) throughout the contract period and any extensions.

To ensure compliance with Section 2.7 of the RFP, Direct Interactions will furnish an approved “Certificate of Insurance” prior to the contract award. Our current insurance policies meet industry standards, and we are prepared to adjust our coverage to meet the specified minimum amounts of \$1,000,000 per occurrence and \$3,000,000 aggregate for professional liability, negligence, errors, omissions, and public liability. We are committed to maintaining these insurance requirements for the entire duration of the contract and any extensions thereof.

Our insurance policies are with a company licensed by the State of Arkansas to provide such coverage. We guarantee that our insurance limits will be sufficient to cover any losses resulting from or arising out of our actions or inactions in the performance of the contract by our agents, servants, employees, or subcontractors.

In addition to meeting these requirements, Direct Interactions will ensure that DHS is notified not less than forty-five (45) days in advance of any non-renewal, cancellation, or expiration of our insurance policy. In the event of non-renewal, we will provide DHS with an insurance policy from another carrier at least thirty (30) days prior to the expiration of the current policy. Direct Interactions will also grant DHS the right to inspect the original insurance policies held by our company, ensuring transparency and adherence to all contractual obligations.

We have provided documentation of our current insurance coverage and are prepared to increase our coverage limits as needed to fully comply with the RFP requirements. Our commitment to maintaining robust insurance coverage underscores our dedication to safeguarding our partnership with DHS and delivering exceptional service under this contract.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/30/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Fortune Insurance 705 S. 9th St. #302 Tacoma WA 98405	CONTACT NAME: Cory Coryell PHONE (A/C, No, Ext): (253) 200-6633 E-MAIL ADDRESS: cory@fmgins.com FAX (A/C, No): (253) 200-6626
INSURED Direct Interactions, Inc. 3739 Balboa St. #191 San Francisco CA 94121	INSURER(S) AFFORDING COVERAGE INSURER A: Hanover American Insurance Company INSURER B: The Hanover Insurance Company INSURER C: The Hanover Insurance Group INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 24-25 GL, E&O, WC**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			OD2 H505120 03	02/17/2024	02/17/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			OD2 H505120 03	02/17/2024	02/17/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$ 0			OD2 H505120 03	02/17/2024	02/17/2025	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A	WM2 H579326 03	08/21/2023	08/21/2024	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Cyber Liability			WM2 H579326 03	08/21/2023	08/21/2024	Policy Aggregate Limit \$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Proof of Insurance

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

NOTICE: THIS POLICY IS A CLAIMS-MADE POLICY. PLEASE READ THE POLICY CAREFULLY.

Policy Number

LH2 H244921 04

The Hanover Insurance Company

440 Lincoln Street
Worcester, MA 01653
(A Stock Insurance Company, herein called the **Insurer**)

Issue Date 04/12/2024

Item 1. NAMED INSURED AND ADDRESS

Direct Interactions Inc.; DI Holdings US, LLC
3739 Balboa St. #191
San Francisco, CA 94121

Item 2. POLICY PERIOD

Inception Date: 04/24/2024 Expiration Date: 04/24/2025
(12:01 AM standard time at the address shown in Item 1.)

Item 3. LIMIT OF LIABILITY

- a. \$2,000,000 for each **Claim**; not to exceed
- b. \$2,000,000 for all **Claims** in the Aggregate

Item 4. SUBLIMITS OF LIABILITY

- Privacy and Security a. \$0 for each **Claim**; not to exceed
- Liability Coverage b. \$0 for all **Claims** in the Aggregate

Item 5. DEDUCTIBLE

- a. \$25,000 each **Claim**
- b. N/A for all **Claims** in the Aggregate

Item 6. SUPPLEMENTAL COVERAGE LIMIT AND DEDUCTIBLE

	LIMIT	DEDUCTIBLE
Disciplinary Proceedings Coverage	\$25,000 per Insured / \$50,000 for all Insureds	\$0
Subpoena Assistance	\$25,000 in the Aggregate	\$0
Crisis Event Expense	\$25,000 per Event / \$50,000 in the Aggregate	\$0
Reputation Protection Expense	\$15,000 in the Aggregate	\$0
Withheld Client Fee Assistance	\$25,000 in the Aggregate	\$0
Nonprofit Directors and Officers Expense	\$10,000 in the Aggregate	\$0

Section 3.5 Performance Bonding

Direct Interactions is fully committed to adhering to the performance bonding requirements outlined in Section 3.5 of the RFP. We recognize the importance of securing the State's interests through comprehensive performance bond protection and are prepared to fulfill all related obligations as stipulated.

Direct Interactions pledges to obtain performance bonds amounting to one hundred percent (100%) of the annual contract price, as required by the State. Our commitment includes ensuring that these bonds are in place prior to the signing of the contract, thereby guaranteeing our dedication to meeting the State's expectations and safeguarding its interests.

We will provide a performance bond equal to 100% of the annual contract price before the contract is executed, ensuring full compliance with the RFP directive. In the event of any increase or modification to the contract price, we will secure additional performance bond protection as required. This additional bond will be delivered to the DHS Chief Procurement Officer within fourteen (14) calendar days of the request, demonstrating our proactive approach to maintaining compliance.

Direct Interactions commits to promptly notifying the State of any changes, modifications, or renewals of the performance bond throughout the term of the contract. We will provide the necessary performance bond documentation with each notice, ensuring continuous protection and transparency.

We understand that failure to provide the required performance bond is a breach of contract and could result in severe consequences, including immediate contract termination, prohibition against future bidding with the State, and addition to the DHS excluded provider list. Direct Interactions is dedicated to avoiding such outcomes by ensuring full and timely compliance with all performance bonding requirements.

Direct Interactions values the opportunity to partner with the Arkansas Department of Human Services and is committed to fulfilling all contractual obligations with the utmost diligence and integrity. We look forward to a successful and compliant relationship, underscored by our proactive approach to meeting all performance bonding requirements.

MINIMUM QUALIFICATIONS

- As outlined in Section 2.3 Minimum Qualifications in the solicitation document, please provide the number of operators available and the corresponding shift.

Shift	Number of Operators
8AM-4PM	30
4PM-12AM	25
12AM-8AM	21

By signing below, Vendor agrees to and **shall** fully comply with all requirements as shown in the bid solicitation.

Vendor Name:	Direct Interactions, Inc.	Date:	05.21.2024
Signature:		Title:	President
Printed Name:	Matt Storey		

Attachment I

Telephone Answering Services

Instructions: This form is intended to help the State gain a more complete understanding of each Respondent's Telephone Answering Services' experience. This form **must** be complete and accurate.

The State reserves the right to verify the accuracy of these answers by contacting any of the listed clients, and all applicable clients **must** be listed. Omission of a client will constitute a failure to complete this form.

For purposes of this form, the "client" is not an individual but the entity which held the contract. By way of explanation, in the Contract resulting from this IFB, Arkansas's DHS will be the client. For each listed client, Respondents may (but are not required to) provide the contact information for a person at the client entity who is knowledgeable of the named project. The State reserves the right to contact the listed individual or another person at the listed client.

The boxes below each prompt will expand if necessary. The form **must** be signed (please see the final page) by the same signatory who signed the *Proposal Signature Page*.

1. Please list at least two (2) clients where you (the prime contractor only) **served as the prime contractor** for operating as a telephone answering services vendor. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract, duration of services provided, location, and client contact information. If there are no contracts which meet this definition, please state "none."

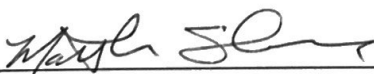
VIA LINK:

Direct Interactions, Inc. has established a successful partnership with VIA LINK, a 211 Nonprofit Organization, providing comprehensive support services designed to enhance VIA LINK's operations and ensure seamless connectivity. The partnership focuses on delivering tailored solutions that enhance customer interactions and support, with a focus on flexibility and adaptability to meet evolving needs. Direct Interactions has successfully implemented systems to provide VIA LINK's callers with general information through FAQ sections and other online resources. Our Direct interactions team has efficiently utilized VIA LINK's CRM system, ensuring all interactions are documented to maintain high service quality and client satisfaction. Direct Interactions has also developed and led training programs in coordination with VIA LINK, using comprehensive knowledge bases and interactive guides to promote ongoing learning among staff. Recognizing the fluctuating nature of call volumes, Direct Interactions continuously adjusts agent capacity and provides scalable solutions to meet operational demands efficiently. Direct Interactions' ongoing technical support includes maintaining secure internet connections and managing a full-support helpdesk to address connectivity issues promptly, ensuring consistent service reliability. At Direct Interactions, we are committed to adapting our services dynamically to VIA LINK's changing

requirements, whether managing varying call volumes or expanding support to new channels or markets. Direct Interactions stands ready to expand our support to include new channels and markets, facilitating VIA LINK's growth and ensuring scalability. We will continue to refine our service offerings to align with VIA LINK's strategic trend analysis and policy development efforts, further bolstering community resilience and well-being. Contact reference; Victoria Schwandt, Vice President of Contact Center Operations, 504-708-2940, vschwandt@vialink.org.

Utah's Promise 211:

Direct Interactions is serving as the prime contractor for operating as a telephone answering services vendor for Utah Promise 211, which is Utah's Promise 24/7 Information and Referral connection center. Direct Interactions is dedicated to helping Utahns find the health and human resources they need by dialing 2-1-1. Utah Promise 211's service requirements include providing after-hours coverage from Monday to Friday, 5:55 pm to 7:00 am Mountain Standard Time (MST), as well as all-day coverage on Saturday, Sunday, holidays, and additional days as needed. This includes coverage for specific holidays and additional hours for specialized team training throughout the year. The scope of work for Direct Interactions includes ensuring that every person they interact with has their basic needs met, such as shelter, clothing, food, access to healthcare, and personal safety. They provide compassionate customer service, active listening, efficient needs diagnosis, and accurate information recording. Utah Promise 211's service-level agreement includes a goal of an 80% service level, with a response rate of 90 seconds (about 1 and a half minutes) and an average handling time of 7.5 minutes. Utah Promise aims to provide exceptional experiences for callers, especially in crises, ensuring they are connected to the best resources available. Utah Promise 211 uses Salesforce as their database, and Direct Interactions seamlessly manages spikes in call volume, decreases abandonment rates, and wait times while increasing quality scores. Direct Interactions provide ad hoc reports available online and in real-time, as well as unlimited access to all reports and features of the Amazon Connect phone system for Utah 211 personnel. Utah's Promise started June 30, 2023, and ends June 30, 2024. Gloria Castaneda, 211 Senior Director, gloria.castaneda@uw.org, 801-736-8929

Authorized Signature:  Title: President
Use Ink Only.

Printed/Typed Name: Matthew Storey Date: May 16, 2024