Gulf Coast Community Services Association, Inc.

Client Tracking Software

Request for Quote with Narrative

1. **Contact Information**

All communications regarding this Quote Sheet and Narrative must be coordinated through the office of:

Ms. Becky Freeman,
Procurement Specialist
Gulf Coast Community Services Association
9320 Kirby Drive
Houston, TX 77054
Fax: (866) 393-0753
procurement@gccsa.org

2. **Submittal Requirements**

   a. Quote Sheet and Narrative must be submitted electronically:
      a. Each Vendor must submit one (1) original proposal with original authorized official signature.
      b. One **PDF copy** of the Quote Sheet with Narrative should be emailed to procurement@gccsa.org no **later than 5:00PM CST on April 23, 2021 with attachments included.**

3. Scope of Work/Technical Requirements

Description of how the Client Tracking Software allows GCCSA Inc. to collect client data to meet eligibility and reporting requirements according to the Texas Department of Housing and Community Affairs guidelines and assurances that software is updated based on all federal and state regulation changes in a timely manner.

Responses to the quote sheet must contain the following information:

1. **Form A - Pricing Sheet (Required)**
   a. This contract would be for one year, with an option to renew for an additional four years. First contract will begin when selection is finalized and following years will be effective May 1st. Please indicate pricing in the format of the example below.
2. **Form B – Narrative (Required)**
   a. Provide an overview of your client management software system. Written narrative and documentation, as you deem appropriate, should demonstrate your proficiency in what is requested above (Scope of Work/Technical Requirements).
3. **Form C – References (Optional)**

Form A – Pricing Sheet

	Year 1	Year 2	Year 3	Year 4	Year 5
Software Cost					
Licensing Fees (40 users)					
Annual Maintenance Cost					
Discounts					
Value-Added Module: Module Name_____________					
Value-Added Module: Module Name_____________					
Value-Added Module: Module Name_____________					
Budget Allocation Management					
Financial Module- compatible with MIP Software					
Calendar Manager					
Forms Designer					
Other: ___________					
Other: ___________					
Other: ___________					
Other: ___________					
Other: ___________					
Total					

Detail the total costs and fees for providing the goods/services as well as training and technical assistance (if applicable) on the utilization of the service as outlined in the Scope of Work.

Form B - Narrative

Description of how the software allows GCCSA Inc. to collect client data to meet eligibility and reporting requirements according to the Texas Department of Housing and Community Affairs guidelines and assurances that software is updated based on all federal and state regulation changes in a timely manner.

1. Provide an overview of your client management software system. Attach any relevant marketing materials and data sheets.
   a. Describe the user interface and system navigation features.
   b. In what ways can your system be customized?
   c. Describe user help features built into your system.

2. Description or example of how product meets the following software specifications:
   a. Internet Based and Security
      i. Will your client management software work over a VPN?
      ii. Will your client management software work over terminal server?
      iii. Please describe your data back-up plan inclusive of disaster recovery and restoration and your ability to report your back-up verifications to GCCSA
      iv. Data-retention?

   b. Licenses and User Security
      i. Based on a) role of user b) group c) program confidentiality requirements
      ii. Is there a limit to the number of records your client management software supports?
      iii. Scan-space and storage capacity, and maximum size?

   c. Centralized Intake
      1. Is there the capability of sharing intake information between programs with no duplication of records?
      2. Is client information changed by one component updated across the entire database?
      3. How is error/omission tracking handled for client intake or update?

3. Client Tracking Functions:
   a. Performance Reporting - Reporting system to meet Texas Department of Housing and Community Affairs requirements for Community Services Block Grant
      i. Family National Performance Indicator (FNPI) collection and reports
      ii. Services (SRVs) collection and reports
      iii. CSBG Module collection and reports
      iv. Other Report Capabilities
         1. Ability to produce services counts by date range
         2. Ability to use Crystal Reports to produce other reports
         3. Pre-made report forms for standard queries such as number of clients in a program, number of services per client and per program, list of clients per program, mailing lists of clients per program and per geographical area, by CSBG requirements, etc.
         4. User customizable queries for different reports
         5. Ability to print custom forms and reports to a local or network printer

   b. Data Management
      i. Describe database structure and component interaction
      ii. Ability to *download custom* forms and reports in an excel /csv format
      iii. Ability to export and import data in excel
      iv. Ability to maintain/edit standard drop-down lists? Include character limits.
      v. Ability to create/define fields for intake information? Include character limits
      vi. Ability to create/define fields for services information? Include character limits.

   c. Case management section
      i. Ability to track client interactions (i.e. phone, meetings, file updates)

ii. Ability to schedule client meetings and notify case worker when due
iii. Ability to track client goals, progress and outcomes
iv. Ability to enter notes for each interaction
v. Ability to maintain history of employment and education during service period and upon exit
vi. Ability to enter narrative of client progress, developments, concerns, etc.
vii. Ability to maintain referral agency details Ability to search for referral agency by multiple criteria
viii. Must attach sample voucher/notice of payment

d. Other System Capabilities and Functions
    i. Value Added Modules/Costs
    ii. Budget Allocation Management
    iii. Financial Module- compatible with MIP Software
    iv. Calendar Manager
    v. Forms Designer

e. Other
    i. Can data from our current client management software be imported into your client management software system?
    ii. Is there a cost for this service?
    iii. Is there an online/off-line interactive user demo available? If so, include web address.

Include documentation, as you deem appropriate, that demonstrates your proficiency in what is requested above (Scope of Work/Technical Requirements).

Form C – References (Optional)

List below references with which the Bidder has provided similar services during the past three (3) years.

FIRM NAME: ____

ADDRESS: ____

PHONE NUMBER: ____

CONTACT PERSON: ____

DATE OF CONTRACT: ______________________________ **through** ________________

FIRM NAME: ____

ADDRESS: ____

PHONE NUMBER: ____

CONTACT PERSON: ____

DATE OF CONTRACT: ______________________________ **through** ________________

FIRM NAME: ____

ADDRESS: ____

PHONE NUMBER: ____

CONTACT PERSON: ____

DATE OF CONTRACT: ______________________________ **through** ________________