

**Centers for Medicare & Medicaid Services (CMS)
Federally-facilitated Exchange (FFE) Training for Agents and Brokers**

Plan Year 2018 Vendor Application

This Vendor Application is to be completed by entities requesting approval to host Federally-facilitated Exchange (FFE) training for agents and brokers for the 2018 plan year pursuant to 45 C.F.R. § 155.222. Final approval for any vendor is contingent on signing an Agent Broker Vendor Agreement with the Centers for Medicare & Medicaid Services (CMS), approval of vendor's final training content, approval of vendor's information technology and data storage processes, adequate technical support, and compliance with applicable system standards and other regulatory requirements, including the requirement to offer continuing education units (CEUs) in at least five FFE or State-based Exchange on the Federal Platform (SBE-FP) states.

NOTICE OF INTENT: FOR RESOURCE PLANNING PURPOSES, CMS REQUESTS THAT ALL VENDORS SUBMIT A NOTICE OF INTENT TO AgentBrokerVendor@cms.hhs.gov NO LATER THAN **11:59 P.M. EST ON NOVEMBER 10, 2016**. The Notice of Intent to submit an application should be provided in the form of a simple email message. It is not binding and will be relied on by the Government for planning purposes only. Submitting a negative response or no response does not preclude an offeror from submitting an application.

APPLICATION DEADLINE: ALL VENDOR APPLICATION MATERIALS ARE DUE TO CMS BY **11:59 P.M. EST ON NOVEMBER 23, 2016** APPLICATION MATERIALS MUST BE SUBMITTED TO: AgentBrokerVendor@cms.hhs.gov.

Please note that CMS reserves the right to request additional documentation for all items in this application.

I. General Information

A. Terms and Definitions

Term	Definition
1. Applicant	Entity applying to be a vendor of FFE training for agents and brokers. This is the same entity that is entered in Part II, Section A, #1.
2. Primary Contact Person	Applicant representative through whom CMS contacts will be facilitated. This person has the authority to submit information and responses on behalf of the Applicant. This is the same person who is entered in Part II, Section A, #7. (The Primary Contact Person may be the same as the Authorized Representative, but it does not need to be.)
3. Authorized Representative	Applicant representative who has the authority to bind the Applicant, and attest to organizational commitments and statements on behalf of the Applicant. This is the same person who is entered in Part V. (The Authorized Representative may be the same as the Primary Contact Person, but it does not need to be.)
4. Total users	Total number of unique users who have accounts or profiles established to access a training system.
5. Concurrent users	Total number of unique users who are accessing a training system at the same point in time. The number of concurrent users can never be larger than the number of total users.
6. Learning Management System	A learning management system is a software application for the administration, documentation, tracking, reporting, and delivery of electronic educational technology (also called e-learning), education courses, or training programs.
7. Technical Assistance	Responding to individual inquiries and providing programmatic support to users who access and attempt to complete the training program. Technical assistance can pertain to a wide array of topics, including but not limited to: maneuvering the training content online, researching training completion record transmission to CMS and escalating as needed, and/or explaining program requirements.

B. Rules of Participation

In addition to executing an Agent Broker Vendor Agreement with CMS, approved vendors must adhere to the following Rules of Participation. The organization must:

1. Participate in any requested teleconference calls with CMS staff and contractors to discuss relevant experience, organizational training, information technology capability, quality control procedures, and role of subcontractors (if applicable)
2. Perform system integration testing, user acceptance testing, and smoke testing (build verification testing) with or for CMS
3. Attest to the accuracy of the Applicant's data collection prior to submission to CMS
4. Develop and submit a Quality Assurance Plan by the deadline established by CMS
5. Submit materials relevant to the training program, including plans for data sharing with CMS, and adhere to CMS business requirements and technical specifications for content, format, and delivery of training processes
6. Participate in and cooperate (including subcontractors) with all compliance and oversight activities conducted by CMS staff and contractors
7. Meet programmatic and submission deadlines, as specified by CMS
8. Permit any individual who holds a valid license (or equivalent State authority) to sell health insurance products to access the vendor's training process
9. Adopt a fee structure that is generally consistent with the fee structure for comparable health insurance trainings offered to agents and brokers, and is compliant with applicable state laws and regulations
10. Acknowledge that CMS may, at its sole discretion, terminate, discontinue, or not renew the "approved" status of a vendor
11. Acknowledge that review of, and agreement with, the Rules of Participation is necessary for participation
12. Execute the Agreement Between CMS and Vendor of FFE Training for Agents and Brokers ("AB Vendor Agreement")
13. Comply with the specifications and standards outlined in the AB Vendor Agreement and all applicable guidance documents provided by CMS

II. Applicant Organization Experience

Please check “Yes” or “No” for each item below, as appropriate. Note that a “No” response is not an automatic disqualification of an Applicant to become an approved vendor.

A. Applicant Information

1. Legal Name of the Applicant Organization			2. Federal Employer Identification Number (FEIN)		
3. Organization's Primary Mailing Address					
City		State		Zip	
4. Organization's Primary Telephone Number		5. Website Address		6. Month and Year Company Founded	
7. Primacy Contact Person First Name		Middle Initial	Last Name		8. Primary Contact Person's Title
9. Primary Contact Person's Telephone Number			10. Primary Contact Person's Email Address		
11. Has the applicant organization been approved by CMS to offer FFE training for agents and brokers in a previous plan year? <input type="checkbox"/> Yes <input type="checkbox"/> No					
12. Does the applicant currently have an independent network (i.e., does not rely on relationships acquired through contractual support to CMS) of 15,000 or more licensed health insurance agents and brokers? <input type="checkbox"/> Yes <input type="checkbox"/> No					
13. What is the applicant's target training goal for FFE training?					

Explanation

Please explain any “No” responses in Part II, Section A, and indicate the answer(s) to which the explanation applies. (Attach additional sheets if necessary.)



B. Relevant Training Experience

1. Indicate training experience since November 1, 2011.

- i. Applicant has hosted agent and broker training—
- a. For a minimum of two consecutive years, at any point during the five year period. Yes No
 - b. That supported 2,500 or more concurrent users, at any point during the five year period. Yes No
 - c. For at least 15,000 total users, at any point over the five year period. Yes No
-
- ii. Applicant has offered agent and broker training with CEU accreditation in at least five FFE or SBE-FP states. Yes No
-
- iii. Applicant has hosted Sharable Content Object Reference Model (SCORM) compliant web-based training content and examinations. Yes No
-
- iv. Applicant has hosted web-based training content and examinations that comply with Section 508 of the Rehabilitation Act of 1973 and/or the [World Wide Web Consortium's Web Content Accessibility Guidelines \(WCAG\)](#) 2.0 Level AA standards. Yes No
-
- v. Applicant has experience with functional and performance testing of a learning management system. Yes No
-
- vi. Applicant has designed and implemented quality control and assurance measures for training and exam delivery. Yes No
-
- vii. Applicant has run auditing and reporting features securely and reliably through a web-based solution. Yes No
-
- viii. Applicant has provided technical assistance to at least 15,000 total users via—
- a. Web-form, web-chat, or email. Yes No
 - b. Telephone. Yes No
-
- ix. Applicant has securely submitted training and user data—
- a. To an external third-party organization. Yes No
 - b. To a federal or state entity. Yes No
 - c. Via a secure file transfer protocol (SFTP) integration with an external system. Yes No
 - d. Via a secure web service exchange (e.g., extensible markup language (XML) gateway) with an external system. Yes No
-
- x. Applicant has created secure user accounts that can be updated by the host (Applicant) or the user (learner). Yes No
-

2. List trainings offered since November 1, 2011.

Note: If Applicant offered FFE training for agents and brokers in a previous plan year, Applicant should only list new trainings offered since the last approved plan year application.

i. If Applicant has offered federal- or state-sponsored training since November 1, 2011, please list below. (Attach additional sheets if necessary.)

a. Name of Curricula / Courses and URL			Start and End Dates	
Target Audience	# of Total Users	# of Concurrent Users	Cost to Learners \$	
Federal or State Agency Sponsor		Mode of Training <input type="checkbox"/> IN-PERSON <input type="checkbox"/> WEB-BASED		
Specific Topics Covered in Curricula / Courses				

b. Name of Curricula / Courses and URL			Start and End Dates	
Target Audience	# of Total Users	# of Concurrent Users	Cost to Learners \$	
Federal or State Agency Sponsor		Mode of Training <input type="checkbox"/> IN-PERSON <input type="checkbox"/> WEB-BASED		
Specific Topics Covered in Curricula / Courses				

c. Name of Curricula / Courses and URL			Start and End Dates	
Target Audience	# of Total Users	# of Concurrent Users	Cost to Learners \$	
Federal or State Agency Sponsor		Mode of Training <input type="checkbox"/> IN-PERSON <input type="checkbox"/> WEB-BASED		
Specific Topics Covered in Curricula / Courses				

d. Name of Curricula / Courses and URL			Start and End Dates
Target Audience	# of Total Users	# of Concurrent Users	Cost to Learners \$
Federal or State Agency Sponsor		Mode of Training <input type="checkbox"/> IN-PERSON <input type="checkbox"/> WEB-BASED	
Specific Topics Covered in Curricula / Courses			

e. Name of Curricula / Courses and URL			Start and End Dates
Target Audience	# of Total Users	# of Concurrent Users	Cost to Learners \$
Federal or State Agency Sponsor		Mode of Training <input type="checkbox"/> IN-PERSON <input type="checkbox"/> WEB-BASED	
Specific Topics Covered in Curricula / Courses			

ii. If Applicant has offered large scale training (i.e., demonstrated capability to host 2,500 or more concurrent users and/or 15,000 or more total users) since November 1, 2011, OTHER THAN federal- or state-sponsored training listed in question 2.i. above, please list below. (Attach additional sheets if necessary.)

a. Name of Curricula / Courses and URL			Start and End Dates
Target Audience	# of Total Users	# of Concurrent Users	Cost to Learners \$
Training Sponsor (if applicable)		Mode of Training <input type="checkbox"/> IN-PERSON <input type="checkbox"/> WEB-BASED	
Specific Topics Covered in Curricula / Courses			

b. Name of Curricula / Courses and URL			Start and End Dates
Target Audience	# of Total Users	# of Concurrent Users	Cost to Learners \$
Training Sponsor (if applicable)		Mode of Training <input type="checkbox"/> IN-PERSON <input type="checkbox"/> WEB-BASED	
Specific Topics Covered in Curricula / Courses			



c. Name of Curricula / Courses and URL			Start and End Dates
Target Audience	# of Total Users	# of Concurrent Users	Cost to Learners \$
Training Sponsor (if applicable)		Mode of Training <input type="checkbox"/> IN-PERSON <input type="checkbox"/> WEB-BASED	
Specific Topics Covered in Curricula / Courses			

d. Name of Curricula / Courses and URL			Start and End Dates
Target Audience	# of Total Users	# of Concurrent Users	Cost to Learners \$
Training Sponsor (if applicable)		Mode of Training <input type="checkbox"/> IN-PERSON <input type="checkbox"/> WEB-BASED	
Specific Topics Covered in Curricula / Courses			

e. Name of Curricula / Courses and URL			Start and End Dates
Target Audience	# of Total Users	# of Concurrent Users	Cost to Learners \$
Training Sponsor (if applicable)		Mode of Training <input type="checkbox"/> IN-PERSON <input type="checkbox"/> WEB-BASED	
Specific Topics Covered in Curricula / Courses			

Explanation

Please explain any "No" responses in Part II, Section B, and indicate the answer(s) to which the explanation applies. (Attach additional sheets if necessary.)

C. Relevant Data and Information Technology Experience

1. Indicate experience with data security and retention since November 1, 2011.

- i. Applicant safeguards system data via back-up and offsite storage. Yes No
-
- ii. Applicant follows established procedures for identifying and reporting breaches of confidential data. Yes No
-
- iii. Applicant follows applicable federal and state requirements for collection and storage of personally identifiable information (PII). Yes No
-

Explanation

Please explain any "No" responses in Part II, Section C, and indicate the answer(s) to which the explanation applies. (Attach additional sheets if necessary.)

D. Compliance History

1. Current regulatory, enforcement, or legal actions are pending against the Applicant by a state or federal regulator. Yes No
-
2. Regulatory, enforcement, or legal actions have been taken against the Applicant by a state or federal regulator at any time since November 1, 2011. Yes No
-

Explanation

Please explain any "Yes" responses in Part III, Section D, and indicate the answer(s) to which your explanation applies. (Attach additional sheets if necessary.)

III. Capacity to Host FFE Training

Please check “Yes” or “No” for each item below, as appropriate. Note that a “No” response is not an automatic disqualification of an Applicant to become an approved vendor.

A. Training Program

1. Indicate current capacity to offer FFE training for agents and brokers.

- | | |
|---|--|
| i. Applicant agrees to offer training content that is developed by CMS. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ii. Applicant plans to supplement CMS-developed training content, subject to CMS approval. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| iii. Applicant plans to make training available in other languages. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, please provide an attachment with additional detail on the languages applicant intends to provide. |
| iv. Applicant has capacity to host web-based training (including exams) for 2,500 or more concurrent users and 15,000 or more total users over 12 consecutive months. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, please submit documentation to demonstrate this capacity. |
| v. Applicant has capacity to develop a learning management system that can integrate CMS-developed training content within five months of the date of conditional approval. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| vi. Applicant has the capacity to obtain CEU accreditation for FFE training in at least five FFE or SBE-FP states prior to the deadline established by CMS. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, select all FFE/SBE-FP states where applicant intends to apply for CEUs. |

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Alabama
<input type="checkbox"/> Alaska
<input type="checkbox"/> Arizona
<input type="checkbox"/> Arkansas
<input type="checkbox"/> Delaware
<input type="checkbox"/> Florida
<input type="checkbox"/> Georgia
<input type="checkbox"/> Hawaii
<input type="checkbox"/> Illinois | <input type="checkbox"/> Indiana
<input type="checkbox"/> Iowa
<input type="checkbox"/> Kansas
<input type="checkbox"/> Louisiana
<input type="checkbox"/> Maine
<input type="checkbox"/> Michigan
<input type="checkbox"/> Mississippi
<input type="checkbox"/> Missouri
<input type="checkbox"/> Montana
<input type="checkbox"/> Nebraska | <input type="checkbox"/> Nevada
<input type="checkbox"/> New Hampshire
<input type="checkbox"/> New Jersey
<input type="checkbox"/> New Mexico
<input type="checkbox"/> North Carolina
<input type="checkbox"/> North Dakota
<input type="checkbox"/> Ohio
<input type="checkbox"/> Oklahoma
<input type="checkbox"/> Oregon
<input type="checkbox"/> Pennsylvania | <input type="checkbox"/> South Carolina
<input type="checkbox"/> South Dakota
<input type="checkbox"/> Tennessee
<input type="checkbox"/> Texas
<input type="checkbox"/> Utah
<input type="checkbox"/> Virginia
<input type="checkbox"/> West Virginia
<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Wyoming |
|---|---|---|--|

2. Indicate current capacity to collect and store user data.

- | | |
|---|--|
| i. Applicant has capacity to collect and store identifying information for 15,000 or more total unique users, and up to 2,500 concurrent users, over 12 consecutive months. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please submit documentation to demonstrate this capacity. | |
| ii. Applicant has capacity to securely collect, store, and share FFE training completion data with CMS. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| iii. Applicant has the ability to establish a Security Assertion Markup Language (SAML) re-direct from CMS to the vendor website. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| iv. Applicant has the ability to re-direct users and securely transmit their training completion data, including global user identifiers, for each user upon completion of training. ¹ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| v. Applicant has the ability to schedule the transmission of training completion data via SFTP. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| vi. Applicant has the ability to transmit training completion data via a secure web service exchange (e.g., XML gateway). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| vii. Applicant has the ability to verify users' eligibility for Refresher Training by cross-referencing the National Producer Numbers provided by agents and brokers with the previous year's Registration Completion List. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| viii. Applicant has capacity to track users' progress and learner data using a data management system. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ix. Applicant has capacity to handle concurrent data and metrics requests from CMS, on both a regular and ad hoc basis. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
-

3. Indicate current capacity to provide technical assistance/customer support.

- | | |
|---|--|
| i. Applicant has capacity to establish toll-free learner support lines with live operators during regular business hours starting July 2017 and continuing through July 2018 or until plan year 2019 training is made available, whichever date is later. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please submit documentation to demonstrate this capacity. Documentation should include call capacity, standard operating hours, and after hours technical support options, if applicable. | |
-

¹ Training completion data includes a vendor identifier, curriculum type, plan year, language, and date/time of completion.



ii. Applicant has capacity to establish an email-based learner/technical support option starting July 2017 and continuing through July 2018, or until plan year 2019 training is made available, whichever date is later.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please submit documentation to demonstrate this capacity. Documentation should include expected response times, standard operating hours, and after hours technical support options, if applicable.	
iii. Applicant has capacity to provide tier-one help desk support to assist agents and brokers accessing the Applicant's FFE training platform from the CMS Enterprise Portal.2	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Applicant has capacity to establish multiple escalating levels of technical help desk support to resolve inquiries including, but not limited to, basic navigation and system questions, troubleshooting, and researching of technical issues.	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Applicant has capacity to accommodate inquiries outside of regular business hours starting July 2017 and continuing through July 2018, or until plan year 2019 training is made available, whichever date is later.	<input type="checkbox"/> Yes <input type="checkbox"/> No
vi. Applicant has the capacity to provide CMS with technical support data and metrics on both a regular and ad hoc basis.	<input type="checkbox"/> Yes <input type="checkbox"/> No
vii. Applicant has capacity to coordinate technical support with other CMS technical support resources.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Explanation

Please explain any "No" responses to Part III, Section A and indicate the answer(s) to which the explanation applies. (Attach additional sheets if necessary.)

² For any inquiry received by the vendor's help desk, tier-one support includes intake, initial response, and resolution of inquiry through a scripted response or rerouting to the appropriate CMS help desk. The vendor help desk should be appropriately staffed to ensure that inquiries can be answered within 24 hours. In order to provide support compatible with and comparable to CMS' help desks, the vendor's help desk should, at a minimum, provide phone support to address system access issues and email support for other inquiries.

B. Data Privacy and Security

1. Indicate current capacity to protect user data and maintain confidentiality.

- i. Applicant has the capability to submit encrypted data through a secure, electronic connection with CMS, according to the standards described in the following sources: Yes No
- [CMS security requirements](#)
 - The Federal Information Security Management Act of 2002 (FISMA), 44 U.S.C. Chapter 35
 - [OMB Circular A-130](#)
 - [NIST SPs 800-53](#) and [800-53A](#)
 - [CMS Information Security Acceptable Risk Safeguards \(ARS\) and CMS Minimum Security Requirements \(CMSR\) as amended](#)
 - [Other polices, standards, procedures, and templates located on the CMS Information Security and Privacy Library](#)
- If yes, please submit documentation to demonstrate this capacity.
-
- ii. Applicant has capacity to obtain authorization from agents and brokers to collect data on their behalf and submit the data to CMS. Yes No
-
- iii. Applicant has process in place to obtain confidentiality agreements from staff and subcontractors. Yes No
-
- iv. Applicant has capacity to work with CMS to resolve learning and user account data inconsistency problems. Yes No
-
- v. In order to protect the privacy and security of users' identifying information, including training data and PII, Applicant has the capacity to receive, process, and store data according to the standards described in the following documents: Yes No
- [CMS security requirements](#)
 - FISMA, 44 U.S.C. Chapter 35
 - [OMB Circular A-130](#)
 - [NIST SPs 800-53](#) and [800-53A](#)
 - [CMS Information Security ARS and CMSR as amended](#)
 - [Other polices, standards, procedures, and templates located on the CMS Information Security and Privacy Library](#)
- If yes, please submit documentation to demonstrate this capacity.
-

Explanation

Please explain any "No" responses to Part III, Section B and indicate the answer(s) to which the explanation applies. (Attach additional sheets if necessary.)



C. Quality Assurance and Quality Improvement

1. Indicate current capacity to conduct quality assurance and quality improvement activities.

- | | |
|--|--|
| i. Applicant has the capacity to design and implement a Quality Assurance Plan, implement quality control procedures, conduct continuous quality improvement, and provide written evidence of its processes for collecting and accurately processing data for all phases of training and information technology implementation, including: development of email and web-based marketing materials; testing, web-hosting, data collection and secure storage; preparing final data files for submission to CMS; interfacing with CMS systems; and all other functions and processes that affect the FFE training processes. | <input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please submit documentation to demonstrate this capacity. |
| ii. Applicant has capacity to prepare, accommodate, and plan for reviews by CMS staff or contractors for quality oversight and compliance purposes. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| iii. Applicant has capacity to adhere to any corrective action plans imposed by CMS staff or contractors for quality oversight and compliance purposes. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| iv. Applicant has capacity to use quality improvement measures to continually review and improve its processes to create program efficiencies and improve the customer experience. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| v. Applicant has capacity to test and ensure proper functionality of a –

a. Secure SAML redirect.

b. Secure electronic file transfer.

c. Secure web service exchange (e.g., XML gateway). | <input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Yes <input type="checkbox"/> No |
| vi. Applicant has capacity to conduct performance testing of a learning management system. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| vii. Applicant has capacity to conduct functional testing of a learning management system. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
-

Explanation

Please explain any “No” responses to Part III, Section C, and indicate the answer(s) to which the explanation applies. (Attach additional sheets if necessary.)

D. Fee Structure

1. If Applicant becomes an approved CMS vendor, Applicant intends to charge a fee to agent and broker users of the Applicant's training program. Yes No

2. If the answer to question above is yes, please indicate pricing amount for each curriculum.

Note: Applicant may vary pricing depending on the number of FFE training curricula that the user completes (Individual Marketplace, Small Business Health Options Program (SHOP) Marketplace, Refresher Training, or a combination of these options) and whether the user is receiving CEUs. Prices must be comparable to similar trainings that are currently available and must comply with applicable state requirements. Currently, FFE training for agents and brokers offered by CMS for both the Individual Marketplace and SHOP Marketplace curricula takes between three and four hours. Refresher Training for the Individual Marketplace offered by CMS takes approximately two hours to complete.

	With CEUs	Without CEUs
i. Charge for Individual Marketplace curriculum	\$	\$
ii. Charge for SHOP Marketplace curriculum	\$	\$
iii. Charge for Individual and SHOP Marketplace curricula	\$	\$
iv. Charge for Individual Marketplace Refresher Training curriculum	\$	\$
v. Other type of pricing (describe below):	\$ <input type="checkbox"/> N/A	\$ <input type="checkbox"/> N/A

Explanation

Please provide justification for pricing based on training that is currently available, including the number of hours for a user to complete such training. (Attach additional sheets if necessary.)

IV. Project Staff

A. Applicant Staff

All vendors must adhere to the following standards for project staff, including subcontractors. To be eligible for consideration as a vendor, the Applicant must designate the following roles.

1. A project manager, who is directly employed by the Applicant (i.e., not a subcontractor), who will oversee all FFE training operations and has at least two years of experience in overseeing all functional aspects of training, including (1) the development, testing, and hosting of courses and exams; (2) the collection, storage, security, and sharing of data; and (3) providing telephone and web-based technical assistance. The project manager will coordinate with CMS and must have prior experience coordinating with federal or state regulators (or other comparable experience).
2. A web-based training lead with experience managing large scale training projects.
3. A technical assistance lead with experience providing web-based and telephone support to users.
4. An information technology lead with experience hosting a secure data collection and storage system, ensuring organizational compliance with applicable federal and state privacy requirements, and conducting functional and performance testing of a learning management system.
5. A Systems Security Officer with the fundamental knowledge, skills, and abilities needed to define, design, integrate, and manage information system security policies and procedures.
6. Information system staff responsible for data submission that have had previous experience preparing and submitting data files in a specified format to external third-party organizations within the past two years.
7. As appropriate, in terms of sufficiency and experience, organizational back-up staff for coverage of key staff necessary to maintain system accessibility to end-users.

List of Key Project Staff

Attach additional sheets if necessary.

CMS will not directly contact staff other than Applicant's Primary Contact until the Applicant has been conditionally approved and/or the Applicant's Primary Contact has been notified.

1. Project Manager	Name	Email Address	Telephone
Description of Relevant Staff Experience			Number of Years with Applicant or Subcontractor Organization, as of November 1, 2016
2. Web-Based Training Lead	Name	Email Address	Telephone
Description of Relevant Staff Experience			Number of Years with Applicant or Subcontractor Organization, as of November 1, 2016



3. Technical Assistance Lead	Name	Email Address	Telephone
Description of Relevant Staff Experience			Number of Years with Applicant or Subcontractor Organization, as of November 1, 2016
4. Information Technology Lead	Name	Email Address	Telephone
Description of Relevant Staff Experience			Number of Years with Applicant or Subcontractor Organization, as of November 1, 2016
5. Systems Security Officer	Name	Email Address	Telephone
Description of Relevant Staff Experience			Number of Years with Applicant or Subcontractor Organization, as of November 1, 2016



B. Subcontractors

Applicant plans to use subcontractor(s) for FFE training for agents and brokers.

Yes No

If the answer to question above is yes, please indicate the organization name and experience for each subcontractor below. Attach additional sheets if necessary.

Subcontractor #1

1. Organization Name	
2. Organization Mailing address	
3. Telephone Number	
4. Website Address	
5. Number of Years in Business (Date Founded)	
6. Number of Years Subcontractor has Worked with Applicant	
7. Experience related to training, including names of projects to which subcontractor has contributed	
8. Anticipated functions and responsibilities	

Subcontractor #2

1. Organization Name	
2. Organization Mailing address	
3. Telephone Number	
4. Website Address	
5. Number of Years in Business (Date Company Founded)	
6. Number of Years Subcontractor has Worked with Applicant	
7. Experience related to training, including names of projects to which subcontractor has contributed	
8. Anticipated functions and responsibilities	



V. Applicant Organization Qualification and Acceptance

I certify that:

- I have reviewed and agree that my organization will meet the standards for project staff (including subcontractors), and Rules of Participation from the time that CMS grants conditional approval to become a vendor of FFE training for agents and brokers until such time that my organization's Agent Broker Vendor Agreement with CMS terminates or expires.
- The statements herein are true, complete and accurate to the best of my knowledge. I understand that CMS will be making its determination of my organization's eligibility to participate as an approved vendor of FFE training for agents and brokers based on the information and responses that I have provided.

Name	Title
Organization	
Date	Signature

