**Attachment A-1 Questions – Online Training Solution for Healthcare**

Respondent:

Contact Person:

Mailing Address:

Email Address:

Phone number:

Please respond to the following:

1. Respondent confirms their proposal includes the following required features by checking "YES" to each component. If it does not meet that component check "NO".

| REQUIREMENT | YES | NO |
|---|---|---|
| Be a cloud based solution accessible from remote locations. | | |
| Have a robust training curriculum able to meet the wide array of training needs in a healthcare organization such as ours. | | |
| Be able to upload Center created trainings and be able to track completions | | |
| Assign different levels of Access to the system to include Administrator; Supervisor; Instructor; and User. | | |
| Automatically send out alerts to user and supervisor upcoming training and overdue training. | | |
| Produce and run reports that can be exported into Excel or Word. Reports include by User, By Unit, By Course, By Supervisor. | | |
| Have the ability to export into a database format the historic training records. | | |
| Have the ability to import from Relias the training records from that system. | | |

Add any clarifications or qualifiers here.

2. Please describe your organization's experience in providing Online Training Solutions to the Healthcare Industry?

3. Does any other Community Mental Health and Intellectual Disability Centers in Texas use your system?  If yes, please list the Centers.

4. Please include a PFD of your training catalog or provide a link that reviewers can access to evaluate the range of trainings your organization offers online as part of the system?

5. Please provide a proposal for a one-year annual cost for 650 users with 4 one-year renewable options. Please include a total cost as well as the detail for individual components such as Annual cost, any implementation fees, and estimated cost of importing prior training history into your system.