**SUBMISSION FORM**

Please return all submission documents to: dcbs.opportunity@oregon.gov

Business Information of Proposers or Proposing Team

|  |  |
| --- | --- |
| Business name |  |
| DBA:  |  |
| Address (street address) |  |
| Address (Mailing Address) |  |
| Primary county of operation |  |
| Phone # |  |
| Website |  |
| License # or NPN |  |
| Year business was established |  |
| Number of PY 2018 Marketplace policies |  |
| Locations/Servicein other counties |  |

Contact information of Proposers or Proposing Team

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| Phone: |  |
| Email: |  |
| List Agents below who will be participating in the Partner Agent Program |
| Name | License # or NPN | Location | Years of Experience | Total Number of PY 2018 policies written via the Marketplace |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**I. AGENT QUALIFICATIONS (50 points)**

**Provide a summary of business offerings, agent capabilities/qualifications, size of agency, community served, previous agent storefront experience etc. (maximum 500 words):**

*Insert here*

**Provide a short narrative summary explaining why your agency would be a great fit for the Statewide Partner Agent program (maximum 250 words):**

*Insert here*

**In general, what support would be most helpful to you during the upcoming open enrollment period? — Select any that apply:**

**[ ]** Customizable materials (Specifically: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**[ ]** Media relations support

**[ ]** Referrals from the Marketplace

**[ ]** Opportunities to connect with other agents

**[ ]** Opportunities to connect with community partners

**[ ]** Advertising exposure

**[ ]** Trainings (Suggested topics: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**[ ]** Other (Specifically: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**II. Enrollment and Outreach (50 points)**

1. Using the template below, outline your proposed plan to use grant money to fund a Storefront enrollment center, as well as for the outreach strategies you plan to utilize as part of this grant.
2. How many appointments do you average each day of open enrollment?

*Insert here*

1. Do you have an existing referral relationship with an OHP assister in your community? Please describe.

*Insert here*

1. What marketing/outreach activities have you employed in previous open enrollment periods that you feel are most successful (if applicable)? Describe:

*Insert here*

1. Do you have a presence on social media? Please describe (and include number of “followers,” if applicable):

*Insert here*

*EXAMPLE – Enrollment Specific:*

|  |  |  |
| --- | --- | --- |
|  |  | **BUDGET** |
| **Strategy #1** | Hire weekend data entry clerk | $2,500 |
| **Strategy #2** | Place ad in local paper to drive business to Storefront | $750 |
| **Strategy #3** | Overtime costs  | $1,000 |
| **Strategy #4** | Upgrade internet service for 3-month period | $750 |
|  | **TOTAL** | $5,000 |

**COMPLETE THIS SECTION:**

|  |  |  |
| --- | --- | --- |
|  |  | **BUDGET** |
| **Strategy #1** |  |  |
| **Strategy #2** |  |  |
| **Strategy #3** |  |  |
| **Strategy #4** |  |  |
| **Strategy #5** |  |  |
| **Strategy #6** |  |  |
| **Strategy #7** |  |  |
|  | **TOTAL** |  |

*EXAMPLE – Outreach specific:*

|  |  |
| --- | --- |
| **Strategy #1** | **Advertise** |
| Tactics | * Create digital and print ads
 |
|  | * Advertise using boosted Facebook posts
 |
|  | * Advertise in popular brewery tour guidebook
 |
| Audience(s) | * General public
 |
|  | * 26-year-olds phasing out of guardians’ insurance
 |

|  |  |
| --- | --- |
| **Strategy #2** | **Earn press coverage** |
| Tactics | * Create a press release about open enrollment deadlines (using local data) and pitch local media
 |
|  | * Host Q&A session on local radio program
 |
| Audience(s) | * General public
 |
|  | * Subsidy-eligible public
 |

**COMPLETE THIS SECTION:**

|  |  |
| --- | --- |
| **Strategy #1** |  |
|  Tactics |  |
|  |  |
|  |  |
| Audience(s) |  |
|  |  |
| **Strategy #2** |  |
|  Tactics |  |
|  |  |
|  |  |
| Audience(s) |  |
|  |  |

|  |  |
| --- | --- |
| **Strategy #3** |  |
|  Tactics |  |
|  |  |
|  |  |
| Audience(s) |  |
|  |  |

|  |  |
| --- | --- |
| **Strategy #4** |  |
|  Tactics |  |
|  |  |
|  |  |
| Audience(s) |  |
|  |  |

**III. SPECIAL CONSIDERATION (up to 25 total points of extra credit)**

**Do you meet any of the following criteria for special consideration? Select any that apply:**

**[ ]**  I have multiple language skills (e.g., speak Spanish, Chinese, Russian or another language in addition to English). Describe:

*Insert here*

**[ ]**  I have demonstrated cultural competencies (e.g., experience working with LGBTQ populations, immigrant populations or communities of color). Describe:

*Insert here*

**[ ]** I have existing relationships with OHP assisters or am willing and plan to develop such relationships with the help of DCBS. Describe:

*Insert here*

**[ ]** I have demonstrated deep community involvement (e.g., serve on a local council, coach Little League). Describe:

*Insert here*

Please attach at least one letter of reference in support of this claim.

**[ ]** I maintain a significant marketplace book of business. Describe:

*Insert here*

**Is there any additional information you would like to share to aid in the evaluation of your proposal?**

*Insert here*