

**APPLICATION FOR PARTICIPATION IN THE
ELECTRONIC FEDERAL DUCK STAMP PILOT PROGRAM**

SELECTION FACTOR 1. The responsiveness of the applicant to the eligibility requirements of the act. (Scored: Satisfactory/Unsatisfactory)

- 1A. The Applicant agrees to comply with all terms and conditions in the application package including compliance with all applicable laws under the terms and conditions specified in the draft Memorandum of Understanding.

_____Yes _____No

- 1B. The State must currently sell State hunting, fishing, and other associated licenses and products through an established electronic system, including point of sale, or internet, or telephonic systems.

Please provide information verifying the current systems the State utilizes.

- 1C. The State must issue these electronic licenses through a State automated licensing system authorized under State law;

Please provide the appropriate reference to the applicable state laws, or regulations or policies that authorize the use of these electronic systems.

- 1D. The State must agree to terms established by the Director, Fish and Wildlife Service for this pilot program to issue Federal Migratory Bird Hunting and Conservation electronic stamps.

Have you included your transmittal letter attesting to the State's unconditional concurrence with the terms and conditions of the MOU?

_____Yes _____No

- 1E. For a State to include the Federal Migratory Bird Hunting and Conservation Stamp in its portfolio, the electronic version of the actual stamp must contain a unique identifier for the individual to whom it is issued.

Please provide an example and explanation of the codes your State proposes to use to create and endorse this unique identifier.

- 1F. For the State to include the Federal Migratory Bird Hunting and Conservation Stamp in its portfolio, the electronic version of the actual stamp must have the ability to be printed on paper; as "Fed Duck Stamp".

Please enclose a mock up copy of the printed version of your state's proposed electronic stamp.

Please describe the format of the electronic stamp that the State will issue under the pilot program, including identifying features of the licensee to be specified on the stamp.

- 1G. For the State to include the Federal Migratory Bird Hunting and Conservation Stamp in its portfolio, the electronic version of the actual stamp must be compatible with the hunting licensing system of that State.

Is the electronic version compatible with the system of your state?

_____Yes _____No

SELECTION FACTOR 2: State's responsiveness to the pilot program application requirements - narrative response (satisfactory/ unsatisfactory)

The law states that the Director may NOT approve a State application unless the application contains the following information:

2A. Please describe any fees the State will charge for issuance of an electronic stamp;

2B. Please describe the process the State will use to account for and transfer the amounts collected by the State to the fulfillment center as required under the program;

The contractor available for fulfillment services is Amplex Corporation. Please examine the requirement of the contractor (Exhibit A) in answering the following question.

2C. Please describe how and when the State will transmit electronic stamp customer data to the fulfillment center;

2D. Please describe how the actual stamps will be delivered; this information should include your choice of utilizing a consignment agreement with Amplex or direct information transfer to Amplex Corporation.

2E. Please supply a copy of the policies and procedures the State will use to issue duplicate electronic stamps.

- 2F. Please supply a copy of other policies, procedures, and information that relate to this program; i.e. , Are there separate policies in other permit language that may influence this program?

SELECTION FACTOR 3 - Stamp Requirements- the Director will require an electronic stamp issued by a State under the pilot program have specific characteristics.

- 3A. Please provide information to show that the Federal Duck Stamp issued by your State will have the same format as any other license, validation, or privilege the State issues under the automated licensing system of the State.

- 3B. Please demonstrate what specific identifying features of the licensee will appear on the “point of sale”, telephonic or web receipt that are adequate to enable Federal, State, and other law enforcement officers to identify the holder. Provide physical copies or examples where possible.

- 3C. Provide information and demonstrate how you will communicate to the purchaser and law enforcement officials in your State:

. That any electronic stamp issued by a State under the pilot program will, during the effective period of the electronic stamp:

1. bestow upon the licensee the same privileges as are bestowed by an actual stamp;
2. be nationally recognized as a valid Federal migratory bird hunting and conservation stamp; and

3. authorize the purchaser to hunt migratory waterfowl in any other State, in accordance with the laws of said State governing that hunting.

SELECTION FACTOR 4 - Guaranteed delivery of the physical stamp to the customer and improved customer service and convenience.

4A. An electronic stamp issued by a State under the pilot program will be valid for a period of time, not to exceed 45 days. What action will you take to guarantee timely information transfer to the fulfillment center which will allow them to meet the time constraints in filling the order?

4B. Please outline how your plan to resolve customer complaints regarding late, incorrect orders or missing stamp deliveries.

SELECTION FACTOR 5 – State’s agreement to the terms and conditions outlined in the Memorandum of Understanding governing the pilot program.

5A. The State agrees to comply with all of the terms and conditions specified in the Memorandum of Understanding, including its exhibits.

Yes _____ No _____

5B. Do you, the State; agree to operate at the current Service approved handling rates (Exhibit B) during the term of the pilot until such time as a new handling

rate schedule is approved by the Director justifying cost recovery. (A selected State may request a handling rate increase at any time after the selection of the State is made by the Service.)

Yes _____ No _____

5C. If the State wishes to operate their own fulfillment operations, does the State agree to accept the operating terms of the optional fulfillment opportunity as outlined by Amplex on their consignment web-site? (www.duckstamp.com)

Yes _____ No _____

5D. Does the State agree to implement an equal opportunity program and comply with the terms of the equal opportunity and handicapped access requirements of the draft Memorandum of Understanding?

Yes _____ No _____

5E. Does the State agree to meet the public liability and property insurance requirements of the draft Memorandum of Understanding?

Yes _____ No _____

5F. Does the State agree to the use of Electronic Funds Transfer (Exhibit C) in transmitting funds to the State selected fulfillment center?

Yes _____ No _____

SELECTION FACTOR 6 – Experience and financial capability. Narrative/Statistical – (Satisfactory/Unsatisfactory)

Congress has not appropriated funds to the Service to support this Pilot Program. The selected States understand, and concur that there will be no funding provided by the Service to either launch or manage this program.

The Service believes that past experience provides a reasonable indication of how we may expect the electronic Duck Stamp sales to perform. Please provide example(s) of your State’s experience in the operation and management of electronic licensing systems including any information you might have on customer satisfaction. Also, please provide information on the number of transactions for each individual system (web, phone or point-of-sale) for the years the system has been in operation, up to 6 years. This will assist us in determining a base line and measure for future performance with this method of sales.

- 6A. Provide complete contact information, including, name, mailing and FedEx address, phone, fax, cell, and e-mail, for personnel who will be involved in the state's management and operation of the system:

Information Technology Contact:

Financial Contact:

Project Management Contact:

Stamp/Licensing Program Contact:

- 6B. Demonstrate that your organization and supporting partners have a history of meeting financial obligations.

- 6C. Demonstrate your understanding of the financial obligations of the pilot program by providing the following:

1. Provide your estimate of the start-up costs of this pilot including the purchase of additional equipment and technology.

2. Explain fully the methodology and the assumptions used to develop the estimate. The information provided must be of sufficient detail to allow a reviewer to fully understand how you arrived at these estimates.

- 6D. If you intend to assess a handling fee to cover costs or other forms of overhead you must CLEARLY describe what this fee is comprised of (salaries, human resources, accounting, marketing, etc.).

Additional Instructions for statistical and financial information:

1. Provide a clear and concise narrative explanation of the method(s) used to prepare the estimates and the assumptions on which you base your cost and sales projections. Information must be sufficiently detailed to allow the reviewer to understand the basis for the estimates and decide whether or not the projections are realistic.
2. Failure to provide all of the information requested may result in a non-responsive score on the evaluation.
3. Pilot program labor costs should be supported by a schedule identifying the estimated number of full- and part time employees involved. Provide the estimated number of hours each part-time employee will work per year or during the time the program is operational.

In accordance with the Privacy Act (5 U.S.C. 552a) and the Paperwork Reduction Act (44 U.S.C. 3501), please note the following information. This information collection is authorized by the Electronic Duck Stamp Act of 2005 (Pub. L. 109-266). We will use information that you provide to select participants for the 3-year pilot program and to issue actual duck stamps to purchasers. It is our policy not to use your name for any other purpose. We will maintain this information in accordance with the Privacy Act, but may release the information under a Freedom of Information Act request (5 U.S.C. 552). Your response is voluntary. OMB has assigned OMB Control No. 1018-XXXX, which expires XX/XX/XXXX. Response is not required unless a currently valid OMB control number is displayed. The relevant burden for completing this form is 40 hours. This burden estimate includes time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. You may direct comments regarding the burden estimate or any other aspect of the form to the Service Information Collection Clearance Officer, Fish and Wildlife Service, Mail Stop 222, Arlington Square, U.S. Department of the Interior, 1849 C Street, NW., Washington D.C. 20240.