

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

Note: Exhibits referenced below are available in the application instructions.

**SELECTION FACTOR 1 -- THE RESPONSIVENESS OF THE APPLICANT TO THE
ELIGIBILITY REQUIREMENTS OF THE PROGRAM.** (To be scored:
Satisfactory/Unsatisfactory)

Do you agree 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

1A. The State must currently sell State hunting, fishing, and other associated licenses and products through an established electronic system, including point of sale, Internet, or telephone systems. Please provide information verifying the current systems the State uses.

1B. The State must issue these electronic licenses through a State automated licensing system authorized under State law. Please provide copies of applicable State laws, regulations and policies authorizing the use of these electronic systems.

1C. The State must agree to terms established by the Director, U.S. Fish and Wildlife Service, for the 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 General Agreement?

_____ Yes _____ No

1D. The electronic stamp that the State issues 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.

1E. The electronic stamp that the State issues must be able to be printed on paper. Please enclose a copy of the printed version of your State's proposed electronic stamp.

1F. For the State to include the Federal Migratory Bird Hunting and Conservation Stamp in its portfolio, the electronic 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 – APPLICANT’S RESPONSIVENESS TO THE PROGRAM
APPLICATION REQUIREMENTS** (To be scored: Satisfactory/ Unsatisfactory)

The law states that the Director may not approve a State’s application unless it contains the following information:

2A. Please describe the format of the electronic stamp that the State will issue under the program, including identifying features to be specified on the stamp.

2B. Please describe any fees the State will charge customers for an electronic stamp.

2C. Please describe the process the State will use to account for and transfer the funds collected through stamp sales 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 questions.

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

2E. Please describe how the actual stamps will be delivered. This information should include your choice of using a consignment agreement to directly provide the actual stamp to the customer, or direct information transfer to Amplex Corporation so that they may fulfill the order.

2F. Please supply a copy of the policies and procedures the State will use to issue replacement stamps.

2G. Please supply a copy of all 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 THAT AN ELECTRONIC STAMP ISSUED BY A STATE UNDER THE PROGRAM HAVE SPECIFIC CHARACTERISTICS.

3A. Please demonstrate that the electronic stamp issued by your State will have the same format as any other license, validation, or privilege issued under your automated licensing system.

3B. Please demonstrate what specific identifying features will appear on the point of sale, telephone or Internet receipt that are adequate to enable Federal, State, and other law enforcement officers to identify the purchaser. Provide physical copies and examples where possible.

3C. Please demonstrate how you will communicate to the purchaser and law enforcement officials that any electronic stamp issued by a State under the program will, during the effective period of the electronic stamp:

- Bestow upon the purchaser the same privileges as an actual stamp;
- Be nationally recognized as a valid Federal migratory bird hunting and conservation stamp; and
- 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

4A. An electronic stamp issued by a State under the E-Stamp Program will be valid for a period of time not to exceed 45 days, as agreed to by the State and the Director. What actions will you take to guarantee that the physical stamp will be delivered to the customer within that 45-day limit?

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

SELECTION FACTOR 5 – APPLICANT’S AGREEMENT TO THE TERMS AND CONDITIONS OUTLINED IN THE GENERAL AGREEMENT GOVERNING THE PROGRAM.

5A. Do you agree to comply with all of the terms and conditions specified in the Memorandum of Understanding, including its exhibits?

_____ Yes _____ No

5B. Do you agree to operate at the current Service approved handling rates (Exhibit B) during the term of the MOU until a new handling rate schedule is approved by the Director justifying cost recovery? (A selected Applicant may request a handling rate increase any time after being selected by the Service.)

_____ Yes _____ No

5C. Do you agree to accept the operating terms of the optional fulfillment opportunities as they are outlined in Exhibit C of this application package?

_____ Yes _____ No

5D. Does the Applicant 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 applicant agree to meet the public liability and property insurance requirements of the draft Memorandum of Understanding?

_____ Yes _____ No

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

_____ Yes _____ No

SELECTION FACTOR 6 – EXPERIENCE AND FINANCIAL CAPABILITY

Narrative/Statistical – (Scored: Satisfactory/Unsatisfactory)

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

Please provide example(s) of your State’s experience in the operation and management of electronic licensing systems, including any available information on customer satisfaction. Also, please provide information on the number of transactions for each individual system (Internet, telephone or point-of-sale) for the years the system has been in operation, up to 6 years. This will assist us in determining a baseline and measure future performance with these methods of sales.

6A. Provide complete contact information, including, name, mailing and FedEx address, phone, fax, cell, and email, 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 program by providing the following:

1. Provide your estimate of the start-up costs of this program, 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.
3. If you intend to assess a handling fee to cover costs or other forms of overhead you must CLEARLY describe what this fee will be used for (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-satisfactory score on the evaluation.
3. 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.

Paperwork Reduction Act Statement. We are collecting this information under our authorities in 16 U.S.C 718b(a)(2). We will use information that you provide to select participants for the Electronic Federal Duck Stamp Program. Your response is required to obtain a benefit. We may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid OMB control number.

We estimate that it will take approximately 40 hours to complete the application, including 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, U.S. Fish and Wildlife Service, Mail Stop 2042-PDM, Department of the Interior, 1849 C Street, NW., Washington D.C. 20240.