**IT STAFFING SERVICES SOLICITATION UNDER  
DEPARTMENT OF INFORMATION RESOURCES  
IT STAFF AUGMENTATION CONTRACT (ITSAC)**

**CANDIDATE REFERENCE**

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| Solicitation Number: 529501399 | Title/Level: Business Analyst 3 |
| Candidate Name: | Category: Applications/Software Development |

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| **Reference Name** (Required): |  | | |
| **Title:** |  | | |
| **Company Name** (Required): |  | | |
|  | |  | |
| **Phone Number** (Required include area code): | |  | |
| **E-mail Address:** |  | | |
| **Professional Relationship:** | | |  |

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|  | Peer |  | Co-Worker |  | Supervisor |

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|  | Customer |  | End-User |  | Subordinate |

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| **Reference Name** (Required)**:** |  | | |
| **Title:** |  | | |
| **Company Name** (Required)**:** |  | | |
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| **Phone Number** (Required include area code): | |  | |
| **E-mail Address:** |  | | |
| **Professional Relationship:** | | |  |

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|  | Peer |  | Co-Worker |  | Supervisor |

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|  | Customer |  | End-User |  | Subordinate |

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| **Phone Number** (Required include area code): | |  | |
| **E-mail Address:** |  | | |
| **Professional Relationship:** | | |  |

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|  | Peer |  | Co-Worker |  | Supervisor |

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|  | Customer |  | End-User |  | Subordinate |

**NOTE: ONLY INCLUDE THE INFORMATION REQUESTED ON THIS FORM. DO NOT INCLUDE ADDITIONAL INFORMATION.**

**CANDIDATE QUALIFICATIONS**

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| Solicitation Number: 529501399 | Title/Level: Business Analyst 3 |
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| **Minimum Requirements:** Candidates that do not meet or exceed the **minimum** stated requirements (skills/experience) will be displayed to customers but may not be chosen for this opportunity. | | | |
| Actual Years Experience | Years Experience Needed | Required/ Preferred | Skills/Experience |
|  | 8 | Required | Troubleshoots system problems for WIC clinic staff and participants related to the participant portal, MIS and EBT systems. |
|  | 8 | Required | Develop training curricula and conduct formal training sessions covering assigned systems modules in nutrition education, clinic services and or infant feeding related to the MIS system. |
|  | 8 | Required | Consults on the analysis of issues around the MIS and EBT systems and helps implement solutions. |
|  | 8 | Required | Analyzes user requirements from both state agency and local agency staff and communicates testing requirements, training, and feedback to business leads for enhancements to production. |
|  | 8 | Required | Consults and escalates project decisions to the business lead for final decisions and approval of complex project deliverables. |
|  | 8 | Required | Design, develop, coordinate and conducts test cases for User Acceptance Testing (UAT) that impacts the WIC MIS. |
|  | 8 | Required | Reviews release notes and communication related material about for EBT benefit issuance, client portal and other enhancements. Provides feedback prior to implementation in production. |
|  | 8 | Required | Proactively identifies potential project risks and provides strategies for mitigation to the business leads. |
|  | 8 | Required | Reviews completed requirements, complex project deliverables, design document plans, and provides comments to vendor application partners for the transition to EBT benefit issuance. |
|  | 8 | Required | Track progress to ensure project deliverables are completed on time. |
|  | 8 | Required | Develop and complete test plans to validate solutions. |
|  | 8 | Required | Provides quality customer service to external and internal customers by prompt responses to inquiries, taking the initiative to solve problems, exercising flexibility, and seek improvements in the advanced planning and business processes. |
|  | 8 | Required | Provides guidance and explains processes to interested groups and team members. |
|  | 8 | Required | Provides quality customer service by responding to all inquiries and requests promptly. |
|  | 8 | Required | Reviews Sprint summary reports. |
|  | 8 | Required | Monthly review of dual participation records in the WIC MIS. |
|  | 1 | Preferred | Monthly review of dual participation records in the WIC MIS. |

**CANDIDATE ACKNOWLEDGEMENT**

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| RFO: 445 Solicitation Number: 529501399 | Title/Level: Business Analyst 3 |
| Candidate Name: | Category: Applications/Software Development |

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| I hereby authorize **Innosoul, Inc. dba Innosoul Information Technologies, Inc.** to submit my resume in response to the temporary staffing Solicitation 529501399 for **Texas Health and Human Services Commission**.  I understand that submission of my resume by multiple vendors may result in my disqualification from this opportunity. Customers reserve the right to hire a candidate submitted by multiple vendors.   Worker signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |