**Proposer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions:**

* This form shall be completed by the Proposer by marking the check-boxes below. By marking these boxes the Proposer acknowledges compliance with these items. Not checking a box may be cause for rejection of a Proposal.
* Print the company name of the Proposer above.
* Complete the signature block below: a) print the name of the Proposer; b) print the name of the representative authorized to legally bind the Proposer who will sign this form; c) provide the signature of said representative; d) include the date on which this form is signed.
* Return this completed form with the Proposal.

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| Exhibit 1: Pro Forma Contract (DOA-3049) | Have read and signed. |
| Exhibit 2: Standard Terms and Conditions (DOA-3054) | Have read and understand. |
| Exhibit 3: Supplemental Standard Terms and Conditions for Procurement for Services (DOA-3681) | Have read and understand. |
| Exhibit 4: Department Terms and Conditions | Have read and understand. |
| FORM A: Proposer Checklist | Have read, completed, and signed. |
| FORM B: Mandatory Proposer Qualifications | Have read, completed, and signed. |
| FORM C: Subcontractor Information | Have read, completed, and signed. |
| FORM D: ETG0004/ETG0006 Designation of Confidential and Proprietary Information | Have read, completed, and signed. |
| FORM E: Request for Proposal (DOA-3261) | Have read, completed, and signed. |
| FORM F: ETG0004/ETG0006 Non-Disclosure Agreement (NDA) | Have read, completed, and signed. |
| FORM G: Vendor Information (DOA-3477) | Have read, completed~~, and signed.~~ |
| FORM H: Vendor References (DOA-3478) | Have read, completed~~, and signed.~~ |
| FORM I – Cost Proposal | Have read, completed, and signed. |
| Current W-9 (use online IRS Form) | Have read, completed and signed. |
| Appendix 1: 834 Companion Guide | Have read and understand. |
| Appendix 2: Data Specifications – Pharmacy | Have read and understand. |
| Appendix 3: Data Specifications – Wellness (Proposed) | Have read and understand. |
| Appendix 4: Data Specifications – Medical | Have read and understand. |
| Appendix 5: Data Specifications – Dental | Have read and understand. |
| Appendix 6: Data Specifications – Provider (Proposed) | Have read and understand. |
| Appendix 7: Plan Utilization and Rate Review Information | Have read and understand. |
| Appendix 8: Sample Healthcare Performance Metrics | Have read and understand. |
| Appendix 9: Data Submitting Entities | Have read and understand. |
| Appendix 10 – Mandatory Requirements – Tab A:  Technical Requirements | Have read and understand. |
| Appendix 10 – Mandatory Requirements – Tab B:  Reporting Requirements | Have read and understand. |
| Appendix 10 – Mandatory Requirements – Tab C:  Performance Standards | Have read and understand. |
| Appendix 11 – Technical Questionnaire | Have read and completed. |
| RFP Section 2: Preparing and Submitting a Proposal | Have complied with all requirements. |
| RFP Section 3: Proposal Selection and Award Process | Have read and understand. |
| RFP Section 6: General Questionnaire | Have complied with all requirements. |
| RFP Section 7: Technical Questionnaire | Have complied with all requirements. |
| RFP Section 8: Cost | Have complied with all requirements. |
| RFP Section 9: Contract Terms and Conditions | Have read and understand. |

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| Proposer Company Name: |  | | |
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| Printed Name of Authorized Representative | |  |  |
|  | |  |  |
|  | |  |  |
| Signature of Authorized Representative | |  | Date |