**ETB0047-49 Third Party Administration of the Well Wisconsin Program**

This form must be completed by the Proposer by marking the appropriate check-boxes below. By marking these boxes, Proposer acknowledges compliance with these items.

**Instructions:**

1. Review/complete each appendix/form listed below. Check the appropriate boxes.
2. Enter the requested information in the Proposer Information box, sign, and date:
3. Return this form per Section 2.4 of the RFP.

|  |  |  |
| --- | --- | --- |
| **Appendix 7:** Pro Forma Contract by Authorized Board |  | Have read |
| **Appendix 8:** Department Terms and Conditions |  | Have read |
| **Appendix 12:** Data Supplier Agreement (sample) |  | Have read |
| **Appendix 13:** Non-Disclosure Agreement (Data Out) |  | Have read |
| **Appendix 14:** Data Transfer Authorization (sample) |  | Have read |
| **FORM B:** Mandatory Requirements and Qualifications |  | Completed and signed |
| **FORM C:** Subcontractor Information |  | Completed |
| **FORM D:** Request for Proposal Signature Page |  | Completed and signed |
| **FORM E:** Vendor Information |  | Completed |
| **FORM F:** Vendor References |  | Completed |
| **FORM G:** Designation of Confidential and Proprietary Information |  | Completed and signed |
| **FORM H:** Non-Disclosure Agreement (NDA) |  | Completed and signed |
| **FORM I:** Cost Proposal Workbook |  | Completed |
| **Current W-9** (use online IRS Form) |  | Completed and signed |

**Proposer Information:**

|  |  |
| --- | --- |
| Proposer Company Name: | Click or tap here to enter text. |
|  |  |
| Name & Title of Authorized Representative:  *(must be authorized to legally bind the company)* | Click or tap here to enter text. |
|  |  |
| Authorized Representative Signature: |  |
|  |  |
| Signature Date: | Click or tap here to enter text. |