**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 |