

SUBMITTAL FORM A – Offeror Information

PROJECT INFORMATION

RFP NUMBER: _____
PROJECT NAME: _____

OFFEROR INFORMATION

Company Name: _____
Address: _____
Tax ID: _____

CONTACT INFORMATION

Provide contact information for the individual that can be contacted for clarification regarding this proposal:

Name _____
Title _____
Address _____
Email _____
Telephone _____

CRITICAL TEAM MEMBERS

Provide the names of all critical team members that will be assigned to this contract. Note: These individuals cannot be removed or replaced from this project, or their positions, unless approved in writing the project director or contracting officer.

Name of Project Director or Lead _____
Name of Stakeholder Engagement Lead _____
Name of Governance Model Subject Matter Expert _____

ADDENDA ACKNOWLEDGEMENT

The offeror acknowledges receipt of the following addenda, and has incorporated the requirements of such addenda into their proposal. Failure to identify and sign for all addendum may subject the offeror to disqualification. The offeror must list all addenda's (by number), then initial and date to confirm that you have received and incorporated them into your proposal. *The offeror may add more rows as necessary*

Number	Initials & Date

Number	Initials & Date

Number	Initials & Date

CERTIFICATIONS

No	Criteria	Response*
1	The offeror is presently engaged in the business of providing the services & work required in this RFP.	True False
2	The offeror confirms that it has the financial strength to perform and maintain the services required under this RFP.	True False
3	The offeror accepts the terms and conditions set out in the RFP (including the Standard Agreement Form – Appendix A) and agrees not to restrict the rights of the state.	True False
4	The offeror confirms that they can obtain and maintain all necessary insurance as required on this project.	True False
5	The offeror certifies that all services provided under this contract by the contractor and all subcontractors shall be performed in the United States.	True False
6	The offeror is not established and headquartered or incorporated and headquartered, in a country recognized as Tier 3 in the most recent United States Department of State's Trafficking in Persons Report.	True False
7	Offeror complies with the American with Disabilities Act of 1990 and the regulations issued thereunder by the federal government.	True False
8	The offeror certifies that programs, services, and activities provided to the general public under the resulting contract are in conformance with the Americans with Disabilities Act of 1990.	True False
9	Offeror complies with the Equal Employment Opportunity Act and the regulations issued thereunder by the federal government.	True False
10	Offeror complies with the applicable portion of the Federal Civil Rights Act of 1964.	True False
11	The offeror can provide (if requested) financial records for the organization for the past three years.	True False
12	The offeror has not had any contracts terminated by the State of Alaska (within the past five years).	True False
13	The offeror certifies that it is not currently debarred, suspended, proposed for debarment, or declared ineligible for award by any public or federal entity.	True False
14	The offeror certifies that they do not have any governmental or regulatory action against their organization that might have a bearing on their ability to provide services to the state.	True False
15	The offeror certifies, within the last five years, they have not been convicted or had judgment rendered against them for: fraud, embezzlement, theft, forgery, bribery, falsification or destruction of records, false statements, or tax evasion.	True False
16	The offeror does not have any judgments, claims, arbitrations or suits pending/outstanding against your company in which an adverse outcome would be material to the company.	True False
17	The offeror is not (now or in the past) been involved in bankruptcy or reorganized proceeding.	True False
18	Offeror certifies they comply with the laws of the State of Alaska.	True False
19	Offeror confirms their proposal will remain valid and open for at least 90 days.	True False

** Failure to answer, or answering "False" may be grounds for disqualification. Please attach additional information on any subject where the Offeror responded "False" to a question above.*

CONFLICT OF INTEREST STATEMENT

Indicate below whether or not the firm or any individuals that will work on the contract has a possible conflict of interest (e.g., currently employed by the State of Alaska or formerly employed by the State of Alaska within the past two years) and, if so, the nature of that conflict. The Commissioner of the Department of Administration reserves the right to consider a proposal non-responsive and reject it or cancel the award if any interest disclosed from any source could either give the appearance of a conflict or cause speculation as to the objectivity services to be provided by the offeror. The Commissioner's determination regarding any questions of conflict of interest shall be final.

Does the offeror, or any individuals that will work on this contract, have a possible conflict of interest?

☐ Yes ☐ No

** Failure to answer may be grounds for disqualification.*

If “Yes”, please provide additional information regarding the nature of that conflict:

ALASKA PREFERENCES

Identify if your firm qualifies for any Alaska Preferences:

Alaska Bidder Preference: Do you believe that your firm qualifies for the Alaska Bidder Preference? Note: If you answer ‘yes’, please complete the additional information requested below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alaska Veteran Preference: Do you believe that your firm qualifies for the Alaska Veteran Preference? Note: If you answer ‘yes’, please complete the additional information requested below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any additional Alaska Preferences below that you believe your firm qualifies for.	
<div><div>1.</div><div>2.</div><div>3.</div><div>4.</div><div>5.</div><div>6.</div></div>	

ALASKA BIDDER PREFERENCE

If you answered 'yes' to the Alaska Bidder Preference, complete the following information:

1	Does your firm hold a current Alaska business license prior to the deadline for receipt of proposals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Is your firm submitting a proposal for goods or services under the name appearing on the offeror's current Alaska business license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Has your firm maintained a place of business within the state staffed by the offeror, or an employee of the offeror, for a period of six months immediately preceding the date of the proposal? Note: 2 AAC 12.990(b)(3) defines a <i>place of business</i> as "that location at which normal business activities are conducted, services are rendered, or goods are made, stored, or processed; a post office box, mail drop, telephone, or answering service does not, by itself, constitute a place of business." 2 AAC 12.990(b)(7) also defines <i>staffed</i> as "the bidder or at least one employee of the bidder is resident of the state under AS 16.05.415(a)" (must be an Alaskan resident for at least a year with the intent to remain in Alaska indefinitely).	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Is your firm incorporated or qualified to do business under the laws of the state, is a sole proprietorship and the proprietor is a resident of the state, is a limited liability company (LLC) organized under AS 10.50 and all members are residents of the state, or is a partnership under AS 32.06 or AS 32.11 and all partners are residents of the State;	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	If your firm is a joint venture, is the joint venture composed entirely of ventures that qualify under (1)-(4) of this subsection.	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No

ALASKA VETERAN PREFERENCE

If you answered 'yes' to the Alaska Veteran Preference, complete the following information:

Does your firm hold a current Alaska business license prior to the deadline for receipt of proposals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your firm qualify under AS 36.30.990(2) as an Alaska bidder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your firm a sole proprietorship owned by an Alaska veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your firm a partnership under AS 32.06 or AS 32.11 if a majority of the partners are Alaska veterans?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your firm a limited liability company organized under AS 10.50 if a majority of the members are Alaska veterans?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your firm a corporation that is wholly owned by individuals, and a majority of the individuals are Alaska veterans?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SIGNATURE

This proposal must be signed by a company officer empowered to bind the company.

Printed Name _____

Title _____

Date _____

Signature _____

SUBMITTAL FORM B – Approach

Project Overview & Management Plans

SPECIAL REQUIREMENTS: This Submittal Form must not contain any names that can be used to identify who the proposer is, must not identify the proposers cost/fee, and must not exceed two pages (reference RFP section 4.02).

SUBMITTAL FORM C – Risk Assessment Plan

PART 1 – Assessment of Controllable Risks

SPECIAL REQUIREMENTS: This Submittal Form must not contain any names that can be used to identify who the proposer is, must not identify the proposers cost/fee, and **must not exceed one page** (reference RFP section 4.03).

Risk 1:

Description:

Strategy:

Risk 2:

Description:

Strategy:

Risk 3:

Description:

Strategy:

Risk 4:

Description:

Strategy:

Risk 5:

Description:

Strategy:

SUBMITTAL FORM C – Risk Assessment Plan

PART 2 – Assessment of Non-Controllable Risks

SPECIAL REQUIREMENTS: This Submittal Form must not contain any names that can be used to identify who the proposer is, must not identify the proposers cost/fee, and **must not exceed one page** (reference RFP section 4.03).

Risk 1:

Description:

Strategy:

Risk 2:

Description:

Strategy:

Risk 3:

Description:

Strategy:

Risk 4:

Description:

Strategy:

Risk 5:

Description:

Strategy:

SUBMITTAL FORM D – Value Opportunity Assessment

SPECIAL REQUIREMENTS: This Submittal Form must not contain any names that can be used to identify who the proposer is, must not identify the proposers cost/fee, and **must not exceed two pages** (reference RFP section 4.03).

Idea 1:

Description:

Idea 2:

Description:

Idea 3:

Description:

Idea 4:

Description:

Idea 5:

Description:

SUBMITTAL FORM E – Assumptions

SPECIAL REQUIREMENTS: This Submittal Form must NOT contain any names that can be used to identify the Proposer, must NOT identify the Proposers cost/fee, and must NOT exceed the page limits specified in the RFP (reference RFP Sections 4.03).

SUBMITTAL FORM F – Mandatory Requirements

Bid Qualifications

NO	CRITERIA	RESPONSE
1	Confirm your organization has performed at least three (3) state or large regional consultation project within the past five (5) years that included a robust stakeholder process. Please describe below. Please briefly list qualifying experiences below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Qualifying Experience:	
2	Confirm your organization staff or subcontractor(s) can demonstrate experience with at least one (1) successful consultation project involving the transition of health care systems to non-traditional models. Please briefly list qualifying experiences below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Qualifying Experience:	
3	Confirm your organization project lead can demonstrate experience in consulting with governmental and/or quasi-governmental organizations focusing on the provisions of pooled employer-sponsored health care, commercial health insurance, and Medical Assistance programs and is familiar with their governance, organizational structure, and management. Please briefly list qualifying experience below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Qualifying Experience:	
4	The bidder acknowledges that it is compliant with the Electronic Data Interchange (“EDI”), Privacy and Security Rules of the Health Insurance Portability and Accountability Act (“HIPAA”), and will execute the appropriate Business Associate Addendum (“BAA”) as provided by the state.	<input type="checkbox"/> Yes <input type="checkbox"/> No

No Answers Clarification (add rows as necessary)

[illegible]

SUBMITTAL FORM G – Cost Proposal

Offerors must propose a **single cost for all services** for this solicitation. The amount must include all costs associated with the performance under the resulting contract, including, but not limited to, administrative overhead, supplies, long distance charges, salary, transportation, lodging and/or per diem costs sufficient to pay for the completion of all services described in this solicitation.

A payment schedule will be agreed upon through contract negotiations.

THE COST PROPOSAL PORTION WILL BE EVALUATED SEPARATELY.

Enter total cost to perform all services: \$ _____