

ATTESTATION FORM ATTACHMENT J

Respondent Name:

Prism Holistic Care Ltd DBA Prism Health Lab

Respondent's Internal Response Manager's Name:

This person will be the dedicated contact to receive State correspondence specific to this solicitation.

Zul Kapadia

Respondent's Internal Response Manager's Email Address:

z@prismhealthlab.com

1.0 Mandatory Submissions and Requirements: Disagreement with these items may result in the response being disqualified.

Attachment J: Attestation Form	<input checked="" type="checkbox"/> Have completed in its entirety and submitted
Section 1.10 Pricing	<input checked="" type="checkbox"/> Have read and meet this requirement
Section 3.2 Executive Summary	<input checked="" type="checkbox"/> Have completed, signed, and submitted
Section 3.2 Attachment A: Minority and Women Business Enterprise form, IDOA provided certification letter and Subcontractor's signed letter on company letterhead.	<input checked="" type="checkbox"/> Have completed, signed, and submitted or <input type="checkbox"/> Opting not to submit
Section 3.2 Attachment A1: Indiana Veteran Owned Small Business form IDOA provided certification letter and Subcontractor's signed letter on company letterhead.	<input checked="" type="checkbox"/> Have completed, signed, and submitted or <input type="checkbox"/> Opting not to submit
Section 3.2 Attachment C: Indiana Economic Impact	<input checked="" type="checkbox"/> Have read, completed, and submitted
Section 3.2 Attachment D: Cost Proposal (Excel Workbook)	<input checked="" type="checkbox"/> Have completed and submitted
Section 3.2 Attachment E: Business Proposal	<input checked="" type="checkbox"/> Have completed and submitted
Section 3.2 Attachment F: Technical Proposal	<input checked="" type="checkbox"/> Have completed and submitted

2.0 Confirm mutual understanding and submission.

1.15 and 2.1 Confidential Information: The complete list of Confidential and Redacted files is specified in section 4.0 of this attachment.	<input type="checkbox"/> Have read, and submitted or
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	<input checked="" type="checkbox"/> Have read, and does not apply to response
2.2.1 Ability and Desire to Supply the Required Products or Services	<input checked="" type="checkbox"/> Have read, and agree
2.3.6 Contract Terms/Clauses	<input checked="" type="checkbox"/> Confirm Respondent's Legal Representation has read and accepts Sample Contract language. or <input type="checkbox"/> Confirm Respondent's Legal Representation has read, and submitted alternative language per Attachment E.
2.6.3. Subcontractors (Additional subcontractors/those not submitted in Attachment A/Attachment A1)	<input type="checkbox"/> Have read, agree, listed subcontractors in 5.0 of this attachment and submitted documents or <input checked="" type="checkbox"/> Have read, and does not apply to response

3.0 Claim clarification

2.6.2 Buy Indiana Initiative/Indiana Company	<input type="checkbox"/> YES claiming (points only awarded if certification is finalized per Buy Indiana registry* at time of Sourcing Event Submission Date) *Validated by Respondent within Buy IN Designation List at https://www.in.gov/idoa/procurement/supplier-resource-center/programs-and-preferences/buy-indiana/ or <input checked="" type="checkbox"/> NO, not claiming
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4.0 Confidential / Redacted File: confirm submission if applicable

More rows may be inserted if necessary

Responses must include the following required information:

- List all documents or sections of documents, for which statutory exemption to APRA;
- Specify which statutory exception of APRA applies for each document or section of the document;
- Provide a description explaining how the statutory exception to the APRA applies for each document or section of the document; and
- Provide a separate redacted or confidential, whichever is applicable, version of the document. File name should use the following format:
 - (insert rfp #) _ (insert Att letter) _CONFIDENTIAL
 - (insert rfp #) _ (insert Att letter) _REDACTED
- More rows may be inserted if necessary

Filename	Document Section	Document Page #	Statutory exception reference	Rationale for application of the statute	Submitted
N/A					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

5.0 Subcontractors per RFP 2.6.3 (additional subcontractors/those not submitted in Attachment A/Attachment A1)
More rows may be inserted if necessary

Subcontractor Name	Function to be performed	Document Submitted
N/A		<input type="checkbox"/> Executed contract or <input type="checkbox"/> Letter of Agreement
		<input type="checkbox"/> Executed contract or <input type="checkbox"/> Letter of Agreement
		<input type="checkbox"/> Executed contract or <input type="checkbox"/> Letter of Agreement
		<input type="checkbox"/> Executed contract or <input type="checkbox"/> Letter of Agreement
		<input type="checkbox"/> Executed contract or <input type="checkbox"/> Letter of Agreement
		<input type="checkbox"/> Executed contract or <input type="checkbox"/> Letter of Agreement
		<input type="checkbox"/> Executed contract or <input type="checkbox"/> Letter of Agreement

6.0 Respondent additional attachments (OPTIONAL)
More rows may be inserted if necessary

Filename	RFP Attachment Reference
N/A	