**ATTESTATION FORM**

**ATTACHMENT J**

***Respondent Name:***

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***Respondent’s Internal Response Manager’s Name:***

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

to this solicitation.

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***Respondent’s Internal Response Manager’s Email Address:***

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

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| Attachment J: Attestation Form | Have completed in its entirety and submitted |
| Section 1.4 Summary Scope of Work | Experience with large-scale incontinence supply distribution for Medicaid members, including interface with state MMIS for reimbursement and data exchange, with at least one state |
| Section 1.4 Summary Scope of Work | Bids on every HCPCS code, including at least three brands for each HCPCS code. |
| Section 1.10 Pricing | Have read and meet this requirement |
| Section 3.2 Executive Summary | 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. | Have completed, signed, and submitted  or  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. | Have completed, signed, and submitted  or  Opting not to submit |
| Section 3.2 Attachment C: Indiana Economic Impact | Have read, completed, and submitted |
| Section 3.2 Attachment D: Cost Proposal (Excel Workbook) | Have completed and submitted |
| Section 3.2 Attachment E: Business Proposal | Have completed and submitted |
| Section 3.2 Attachment F: Technical Proposal | Have completed and submitted |

1. **Confirm mutual understanding and submission.**

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| 1.15 and 2.1 Confidential Information:  The complete list of Confidential and Redacted files is specified in section 4.0 of this attachment. | Have read, and submitted  or  Have read, and does not apply to response |
| 2.2.1 Ability and Desire to Supply the Required Products or Services | Have read, and agree |
| 2.3.5 Contract Terms/Clauses | Confirm Respondent’s Legal Representation has read and accepts Sample Contract language.  or  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) | Have read, agree, listed subcontractors in 5.0 of this attachment and submitted documents  or  Have read, and does not apply to response |

1. **Claim clarification**

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| 2.6.2 Buy Indiana Initiative/Indiana Company | 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  NO, not claiming |

1. **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** |
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1. **Subcontractors per RFP 2.6.3** (additional subcontractors/those not submitted in Attachment A/Attachment A1)

More rows may be inserted if necessary

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| **Subcontractor Name** | **Function to be performed** | **Document Submitted** |
|  |  | Executed contract  or  Letter of Agreement |
|  |  | Executed contract  or  Letter of Agreement |
|  |  | Executed contract  or  Letter of Agreement |
|  |  | Executed contract  or  Letter of Agreement |
|  |  | Executed contract  or  Letter of Agreement |
|  |  | Executed contract  or  Letter of Agreement |
|  |  | Executed contract  or  Letter of Agreement |

1. **Respondent additional attachments (OPTIONAL)**

More rows may be inserted if necessary

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| **Filename** | **RFP Attachment Reference** |
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