

RFP 25-79309
ATTESTATION FORM
ATTACHMENT J

Respondent Name:

Health Management Associates, Inc.

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 1.4.1 Mandatory Respondent Qualifications/Exclusions of Bid	<input checked="" type="checkbox"/> Have read and understand this section
Section 2.3.6 Mandatory Contract Terms/Clauses	<input checked="" type="checkbox"/> Have read and understand this section
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 <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.
2.6.4. 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 finalized per Buy Indiana registry) 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 2.6.4 (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
Vecra, Inc.	Vecra, Inc will be providing assistance with compliance and provider agency monitoring activities.	<input type="checkbox"/> Executed contract or <input checked="" type="checkbox"/> Letter of Agreement
Allied Business Solutions, LLC	Allied Business Solutions, LLC will be providing project management and report writing support services	<input type="checkbox"/> Executed contract or <input checked="" type="checkbox"/> Letter of Agreement

6.0 Respondent additional attachments (OPTIONAL)

More rows may be inserted if necessary

Filename	RFP Attachment Reference
Certificate of Authority_IN FSSA_HMA	HMA's certificate of authority to do business in Indiana. Included as part of HMA's response to question 2.3.2 of the business proposal.
DUNS Report_IN FSSA_HMA	HMA's most current Dun & Bradstreet Business Report. Included as part of HMA's response to question 2.3.4 of the business proposal.
Integrity of Company Structure_IN FSSA_HMA	HMA's letter of integrity of the company structure and financial reporting. Included as part of HMA's response to question 2.3.5 of the business proposal.
Security Statement_IN FSSA_HMA	HMA's document showing signature authority. Included as part of HMA's response to question 2.3.9 of the business proposal.
Signature Authorization Document_IN FSSA_HMA	HMA's security statement. Included as part of HMA's response to question 2.3.12 (a), and (b), of the business proposal.
Resumes_IN FSSA_HMA.pdf	Resumes for proposed staff. Included as part of HMA's response to attachment F.
Executive Summary_IN FSSA_HMA	Signed executive summary for proposal.
Cost Assumptions, Conditions, and Constraints_IN FSSA_HMA	Cost assumptions, conditions, and constraints file for proposal.