

**RFS 24-77045
ATTESTATION FORM
ATTACHMENT I**

Respondent Name:

The Health & Hospital Corporation of Marion County d/b/a Sandra Eskenazi Mental Health Center

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

Attachment I: Attestation Form	<input checked="" type="checkbox"/> Have completed in its entirety and submitted
Section 2.2 Executive Summary	<input checked="" type="checkbox"/> Have completed, signed, and submitted
Section 2.3 Attachment C: Business Proposal	<input checked="" type="checkbox"/> Have completed and submitted
Section 2.4 Attachment D: Technical Proposal (Includes submission of completed Attachment E: Certification Criteria, Attachment F: Quality Metrics, and Attachment G: Evidence-Based Practices, Assessments, and Screeners)	<input checked="" type="checkbox"/> Have completed and submitted

2.0 Confirm mutual understanding and submission.

1.12 and 2.1 Confidential Information: The complete list of Confidential and Redacted files is specified in section 3.0 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
2.3.5 Contract Terms/Clauses	<input type="checkbox"/> Confirm Respondent's Legal Representation has read and accepts Sample Contract language. or <input checked="" type="checkbox"/> Confirm Respondent's Legal Representation has read, and submitted alternative language per Attachment C.

3.0 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:
 - (RFS 24-77045) _ (insert Att letter) _CONFIDENTIAL
 - (RFS 24-77045) _ (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
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

4.0 Respondent additional attachments (OPTIONAL)

More rows may be inserted if necessary

Filename	RFS Attachment Reference
Organizational Chart	Attachment C 2.3.1
HHC 2022 Single Audit Report	Attachment C 2.3.3
Sandra Eskenazi MHC Financials December 2021	Attachment C 2.3.3
Sandra Eskenazi MHC Financials December 2022	Attachment C 2.3.3
Contract Terms & Clauses Alternate Language	Attachment C 2.3.5
Secretary of State Certificate of Existence	Attachment C 2.3.6
HHC By-Laws	Attachment C 2.3.7
HHC Enabling Statute	Attachment C 2.3.7
Community Needs Assessment	Attachment D 2.4.3.1
Letters of Support/MOUs	Attachment D 2.4.3.3
List of Staffing	Attachment E 1.a.2