**RFS 24-77045**

**ATTESTATION FORM**

**ATTACHMENT I**

***Respondent Name:***

|  |
| --- |
| ***Grant Blackford Mental Health, Inc. dba Radiant Health Services*** |

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

|  |  |
| --- | --- |
| Attachment I: Attestation Form | X Have completed in its entirety and submitted |
| Section 2.2 Executive Summary | X Have completed, signed, and submitted |
| Section 2.3 Attachment C: Business Proposal | X 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)* | X Have completed and submitted |

1. **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. | ☐ Have read, and submitted  or  X Have read, and does not apply to response |
| 2.2.1 Ability and Desire to Supply the Required Products or Services | X Have read, and agree |
| 2.3.5 Contract Terms/Clauses | X 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 C. |

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:
* (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** |
|  |  |  |  |  | ☐ |
|  |  |  |  |  | ☐ |
|  |  |  |  |  | ☐ |
|  |  |  |  |  | ☐ |
|  |  |  |  |  | ☐ |

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

More rows may be inserted if necessary

|  |  |
| --- | --- |
| **Filename** | **RFS Attachment Reference** |
| 2.3.1 DMHA-Licenses and Certificates | Business Proposal |
| 2.3.1 Organizational Chart | Business Proposal |
| 2.3.1 SAMHSA Attestation Acceptance | Business Proposal |
| 2.3.2 Board and Executive Demographics | Business Proposal |
| FY2021 Audit | Business Proposal |
| FY2022 Audit | Business Proposal |
| 2.3.4 Integrity and Financial Reporting Statement | Business Proposal |
| 2.3.6 Certificate of Assumed Business Name | Business Proposal |
| 2.3.6 Indiana SOS Active Status | Business Proposal |
| 2.3.7 Certificate of Incumbency | Business Proposal |
| 2.4.1.2 Mobile Crisis Radius Map | Technical Proposal |
| 2.4.1.2 Service Area Map | Technical Proposal |
| 2.4.3.1 Marion Health Community Needs Assessment | Technical Proposal |
| 2.4.3.1 Radiant Health Community Needs Assessment | Technical Proposal |
| 2.4.3.3 Carey Services DCO | Letters of Support: (Tech Proposal Section 2.4.3.3) |
| 2.4.3.3 CMS-Premier Care MOU | Letters of Support: (Tech Proposal Section 2.4.3.3) |
| 2.4.3.3 Grant County Board of Commissioners LOS | Letters of Support: (Tech Proposal Section 2.4.3.3) |
| 2.4.3.3 Grant County Sheriff LOS | Letters of Support: (Tech Proposal Section 2.4.3.3) |
| 2.4.3.3 Indiana Health Center LOS | Letters of Support: (Tech Proposal Section 2.4.3.3) |
| 2.4.3.3 Indiana Health Center MOU | Letters of Support: (Tech Proposal Section 2.4.3.3) |
| 2.4.3.3 Marion Police Department LOS | Letters of Support: (Tech Proposal Section 2.4.3.3) |
| 2.4.3.3 State Rep. Lori Goss-Reaves LOS | Letters of Support: (Tech Proposal Section 2.4.3.3) |
| 2.4.3.3 Veteran’s Administration Email | Letters of Support: (Tech Proposal Section 2.4.3.3) |
| 2.4.3.3 Affordable Housing LOC | Letters of Support: (Tech Proposal Section 2.4.3.3) |
| 2.4.3.3 Grant County Rescue Mission LOC | Letters of Support: (Tech Proposal Section 2.4.3.3) |
| 2.4.3.3 Mississinewa Community Schools LOC | Letters of Support: (Tech Proposal Section 2.4.3.3) |
| 2.4.4.1 PPS Rate Confirmation | Technical Proposal |
| 2.4.4.2 Cost Reporting Confirmation | Technical Proposal |
| 2.4.5.1 Quality and Data Confirmation | Technical Proposal |
| Radiant Health Position List | Attachment E Misc Attachments |