**RFS 24-77045**

**ATTESTATION FORM**

**ATTACHMENT I**

***Respondent Name:***

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| --- |
| ***Four County Comprehensive Mental Health Center (DBA: 4C Health)*** |

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

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| --- | --- |
| 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

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| --- | --- | --- | --- | --- | --- |
| **Filename** | **Document Section** | **Document**  **Page #** | **Statutory exception reference** | **Rationale for application of the statute** | **Submitted** |
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1. **Respondent additional attachments (OPTIONAL)**

More rows may be inserted if necessary

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| **Filename** | **RFS Attachment Reference** |
| 4C Letter of Support- West Central | AttD Technical Proposal |
| 4C 2023 Org Chart | AttC Business Proposal |
| 4C CHNA Addition V2 | AttD Technical Proposal, AttE Certification criteria |
| 4C Health CHNA | AttD Technical Proposal, AttE Certification criteria |
| 4C Health Dashboard | AttE Certification criterion, AttF Quality Metrics, AttG Evidence Based Practices, Assessment, and Screeners |
| 4C Health letter of support-Genoa | AttD Technical Proposal |
| 4C Letter- Logansport Schools | AttD Technical Proposal |
| 4C Letter of Support- Logansport Hospital |  |
| 4C Letter of support- Peru Schools | AttD Technical Proposal |
| 4C Letter of Support-Woodlawn | AttD Technical Proposal |
| 501(c )(3)determination letter | AttC Business Proposal |
| 2022 4C Health Final AFS | AttC Business Proposal |
| 2023 4C Health Final AFS | AttC Business Proposal |
| Audit\_Independent 5.20.19 Updated | AttC Business Proposal |
| Clinical Dashboard\_2023\_09\_30\_R1 | AttE Certification criterion, AttF Quality Metrics, AttG Evidence Based Practices, Assessment, and Screeners |
| Copy of 4C Health Report | AttE Certification criterion, AttF Quality Metrics, AttG Evidence Based Practices, Assessment, and Screeners |
| Grants Proposals 10.1.006E | AttC Business Proposal |
| Letter of Support 4C Health-Eastern Pulaski | AttD Technical Proposal |
| Letter of Support 4C-Kokomo | AttD Technical Proposal |
| Letter of Support-Fulton Sheriff | AttD Technical Proposal |
| Letter of Support- Logansport PD Chief | AttD Technical Proposal |
| Letter of Support template- Cass Sheriff | AttD Technical Proposal |
| Review and Renewal of Contracts 10.1.008B | AttC Business Proposal |
| Secretary of State Exp. 6030-24 | AttC Business Proposal |
| Streamline EHR ONC compliance certificate | AttF Quality Metrics |
| TPSOC LOS DCO 4C Health | AttD Technical Proposal |