**ATTACHMENT A Cover Sheet**

**Prevention Services**

**RFP No: SC01-23R**

**Name of Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***(Please Print or type)***

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_(ext)\_\_\_\_\_E-Mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Names**: Provider must include the names of individuals authorized to negotiate with HCJFS.

**Person(s) authorized to negotiate with HCJFS:**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(*Please Print)***

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please Complete Rate Grid below.**

|  |  |  |
| --- | --- | --- |
| **Total Cost for**  **Initial Term of Two Years**  **11/2023 – 10/2025** | **Total Cost for Renewal Year 1**  **11/2025 – 10/2026** | **Total Cost for Renewal Year 2**  **11/2026 – 10/2027** |
| **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Certification:** I hereby certify the information and data contained in this proposal are true and correct. The Provider’s governing body has authorized this application and document, and the Provider will comply with the attached representation if the contract is awarded.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature - Authorized Representative Title Date**

**By signing and submitting this proposal Cover Sheet, Provider certifies the proposal and pricing will remain in effect for 180 days after the proposal submission date.**

***Please complete the next page of this form containing a checklist to verify that everything required to be submitted as part of your proposal is included.***

**RFP Submission Checklist**

Pursuant to Section 4.6 of the RFP, the following items are to be included in your proposal in order for it

to be deemed qualified. Please indicate that the items are included by checking the corresponding column.

|  |  |  |
| --- | --- | --- |
| **Action Required** | **RFP**  **Section** | **Included** |
| Did you register for the RFP process on or before June 23, 2023 no later than noon? | 3.3 |  |
| Will your Proposal be submitted by 11:00 a.m. on or before July 28, 2023? | 4.4 |  |
| Did you include all the Contact Information on the Cover Sheet? | 2.1 |  |
| Did you include the Initial Budgeted Expenses for the Initial 2-Year Term on the Cover Sheet? | 2.1 |  |
| Did you include Budget Expenses for the First and Second Renewal Terms on the Cover Sheet? | 2.1 |  |
| Did you sign the Cover Sheet? | 2.1 |  |
| Did you complete and approve Attachment #1 – Provider Qualifications and Program Description? | 1.2.2 |  |
| Is a response to each System and Fiscal Administration Component included? | 2.8 |  |