

STATE OF WASHINGTON

**HEALTH CARE AUTHORITY**

 626 8th Avenue • P.O. Box 42702 • Olympia, Washington 98504-2702

**RFA NO. 3189**

**Amendment #2**

**PROJECT TITLE:** Integrated Care for Kids (InCK) Model Project

**SUBJECT:** Revisions to Exhibit A, Certifications and Assurances

**DATE ISSUED:** November 29, 2018

The purpose of Amendment #2 is to revise Exhibit A, Certifications and Assurances as follows:

1. Exhibit A, Certifications and Assurances, is replaced by Exhibit A-1 Certification and Assurances, attached hereto and incorporated herein.

**Please note:**

Applications are due **December 5, 2018** by **2:00 p.m. PT**.

Thank you,

Holly Jones

RFA Coordinator

contracts@hca.wa.gov

**EXHIBIT A-1**

**CERTIFICATIONS AND ASSURANCES**

I/we make the following certifications and assurances as a required element of the application to which it is attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or related MOU, which will be developed after selection of the ASB:

1. I/we declare that all answers and statements made in the application are true and correct.
2. The prices and/or cost data have been determined independently, without consultation, communication, or agreement with others for the purpose of restricting competition. However, I/we may freely join with other persons or organizations for the purpose of presenting a single application.
3. The attached application is a firm offer for a period of 120 days following receipt, and it may be accepted by HCA without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 120-day period.
4. In preparing this application, I/we have not been assisted by any current or former employee of the state of Washington whose duties relate (or did relate) to this application or prospective MOU, and who was assisting in other than his or her official, public capacity. If there are exceptions to these assurances, I/we have described them in full detail on a separate page attached to this document.
5. I/we understand that HCA will not reimburse me/us for any costs incurred in the preparation of this application. All applications become the property of HCA, and I/we claim no proprietary right to the ideas, writings, items, or samples, unless so stated in this application.
6. Unless otherwise required by law, the prices and/or cost data which have been submitted have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by him/her prior to opening, directly or indirectly, to any other Bidder or to any competitor.
7. No attempt has been made or will be made by the Bidder to induce any other person or firm to submit or not to submit a application for the purpose of restricting competition.
8. I/we grant HCA the right to contact references and other, who may have pertinent information regarding the ability of the Bidder and the lead staff person to perform the services contemplated by this RFA.
9. If any staff member(s) who will perform work on the MOU has retired from the State of Washington under the provisions of the 2008 Early Retirement Factors legislation, his/her name(s) is noted on a separately attached page.

**On behalf of the Bidder submitting this application, my name below attests to the accuracy of the above statement. *If electronic, also include*: We are submitting a scanned signature of this form with our application.**

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| Signature of Bidder |
|  |
| Title | Date |