Attachment F
Letter of Submittal
Request for Application #14-031
Requirement of Section 7.3

Bidder must provide all requested information in the space provided next to each numbered section below. Be advised that HCA retains review rights regarding subcontractors and may require copies of all subcontracts related to this project.

Many of the questions require information if you answer "yes". Please provide your response in the space provided unless otherwise directed to submit on a separate page. If you are directed to provide answers on a separate page, please identify the question and corresponding question number that you are responding to and attach that document to Attachment F.

1. COMPANY INFORMATION:

(a)	Firm Legal Name*	
	Street Address	
	Mailing Address: Delivery Address	
	City, State, ZIP	

***Legal Name Verification**: Many companies use a "Doing Business As" name or a nickname in their daily business. However the State requires the legal name of your company as it is legally registered in the State of Washington or the state in which your company was registered. Enclose proof of the legal name of your company from the Secretary of State's Office, Washington State Business Licensing Service (http://bls.dor.wa.gov/) or your state's equivalent if not a Washington business.

(b)	DBA (if any)		
	Telephone Number		
	Area Code:	Number:	Extension:

(c)	Toll Free Number		
	Area Code:	Number:	Extension:

(d)	Email Address

(e)	A list identifying which parties of the organization have the authority to sign contracts/amendments on behalf of the firm.

(f)	Names, addresses, e-mail addresses and telephone numbers of the sole proprietor, partners, or principle officers as appropriate to the organization		
	Name & Title:		
	Address:		
	Email Address:		
	Telephone Number		
	Area Code:	Number:	Extension:

(g)	Primary Contact Person for Questions/Contract Negotiations, including address if different than above		
	Name & Title:		
	Address:		
	Email Address:		
	Telephone Number for Contact Person		
	Area Code:	Number:	Extension:

Double-Click in checkbox to select

(h)	Legal Status	☐ Partnership ☐ LLP ☐ Corporation ☐ LLC ☐ Government ☐ Sole Proprietorship ☐ S-Corporation ☐ Non Profit (501c3)*

*Organizations claiming status under Section 501(c)(3) of the Internal revenue code must provide a copy of the determination letter that recognizes that status.

Double-Click in checkbox to select

(i)	WA State UBI		☐YES ☐NO

Bidder must be licensed in the state of Washington before any resulting contract is executed. **If no current UBI** affirm that your organization will obtain a business license before executing contract.

If the State of Washington has exempted your business from state licensing, submit proof of that exemption. (For example, some foreign companies are exempt and in some cases, the State waives licensing because the company does not have a physical presence in the State). All costs for any licenses, permits and associated tax payments due to the state as a result of licensing shall be borne by the vendor and not charged to the HCA.

Double-Click in checkbox to select

(j)	Statewide Vendor Number (SWV)		☐YES ☐NO

Bidder must be registered with the Washington State Department of Enterprise Services as a statewide vendor. **If no current SWV number**, affirm that your organization will obtain a SWV number within ten (10) days of executing contract.

The State of Washington prefers to utilize electronic payment in its transactions. The successful contractor will be expected to register as a statewide vendor. This allows Contractors to receive payments from all participating state agencies by direct deposit, the State's preferred method of payment. Forms necessary for registration can be obtained at:
http://des.wa.gov/services/IT/SystemSupport/Accounting/Pages/swps.aspx.

(k)	Federal Tax Identification Number	

(l)	Dun & Bradstreet Number (DUNS)	

DUNS is a unique nine-digit sequence of numbers issued by Dun and Bradstreet to a business entity. Any organization that has a Federal contract or grant must have a DUNS Number.

(m)	MWBE Certification Number	

Proof of certification by the Washington State Office of Minority & Women's Business Enterprises for your business or for subcontractors must be attached to your letter of submittal. Proof of Federal certification as a Minority, Women-Owned, or Disadvantaged business is acceptable.

Double-Click in checkbox to select

(n)	Subcontractor (s)	☐YES ☐NO (If yes, then complete and provide information identified below for each subcontractor)

A Bidder's failure to provide this information may cause the state to consider their proposal non-responsive and reject it. The substitution of one subcontractor for another may be made only at the discretion and prior written approval of the project director. The contractor is liable and responsible for all subcontractor work. All issues dealing with the subcontractor are the responsibility of the contractor.

Please attach any subcontractor information to Attachment F. Information needed for Subcontractors:

a. Legal Name, Address, Federal Employer Identification Number (FEIN)
b. Contact Person Name, Title, Telephone Number, and E-mail Address
c. Identify if subcontractor is a minority owned, women owned, veteran owned, or disadvantaged business. If yes, include the percentage and dollar amount of their participation.
d. Services to be provided by subcontractor.
e. Has the subcontractor had a contract terminated for default within the last five years?
f. Has the subcontractor, including any of its officers or holder of controlling interest; presently or been previously debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in any federal contracts or grants by any federal department or agency?
g. If the subcontractor's staff was an employee of the state of Washington during the past 24 months, or is currently a Washington State employee, identify the individual by name, the agency previously or currently employed by, job title or position held and separation date.

2. TERMINATION FOR DEFAULT

(a)	Has Bidder had a contract terminated for default within the last five years?	☐YES ☐NO

If yes, submit full details including the other party's name, address, and telephone number. The Bidder must specifically grant HCA permission to contact any and all involved parties and access to any and all information HCA determines is necessary to satisfy its investigation of the termination. HCA will evaluate the circumstances and may, at its sole discretion bar the participation of the Bidder from this solicitation. *If discovered post contract award, failure to disclose any termination for default will result in termination of the contract with liquidated damages.*

3. CONTRACTS WITH HCA

(a)	Has the Bidder contracted with the HCA during the past 24 months?	☐YES ☐NO

If yes, indicate the name of the agency, the contract number and project description and/or other information available to identify the contract.

4. STATE OR FEDERAL DEBARMENT CERTIFICATION

(a)	Is the Bidder, including any of its officers or holder of controlling interest; presently or been previously debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in any federal contracts or grants by any federal department or agency?	☐YES ☐NO

5. CONFLICT OF INTEREST INFORMATION: Failure to fully disclose any real or potential conflict of interest may result in disqualification of the Bidder or Termination for Default of any contract with the Bidder resulting from this solicitation if discovered post contract award.

(a)	If the Bidder's staff was an employee of the state of Washington during the past 24 months, or is currently a Washington State employee, identify the individual by name, the agency previously or currently employed by, job title or position held and separation date.	☐YES ☐NO

If yes, state their positions within your organization, proposed duties under any resulting contract, their duties and position during their employment with the state and the date of their termination from state employment.

Indicate whether individual providing services retired using the 2008 Early Retirement Factors (ERF) or whether the company is owned by an individual who retired under the ERF and receiving compensation as a result of the contracted service.

(b)	Is any owner, key officer or key employee of the Bidder related by blood, marriage, or qualified domestic partner to an employee of HCA or has close personal relationship to the same?	☐YES ☐NO

If yes, identify the parties, their current or proposed positions and describe the nature of the relationship.

(c)	Is the Bidder aware of any other real or potential conflict of interest?	☐YES ☐NO

If yes, disclose the nature and circumstance of such potential conflict of interest. If after review of the information provided and the situation, HCA determines that a potential conflict of interest exists, HCA may, at its sole discretion, disqualify the Bidder from participating in this procurement.

6. ADMINISTRATIVE

(a)	Include a list of all RFP amendments downloaded by the Bidder from the WEBS and list in order by amendment number and date. If there are no RFP amendments, the Bidder must include a statement to that effect below this question.	☐YES ☐NO

7. CONFIDENTIALITY

(a)	Are there any pages in the proposal that the bidder has marked as "Confidential" or "Proprietary" (RFP Section 4.9)? .	☐YES ☐NO

If yes, any information in the proposal that the successful Bidder desires to claim as proprietary and exempt from disclosure under the provisions of Chapter 42.56 must be clearly designated. The page must be identified and the particular exception from disclosure upon which the Bidder is making the claim must be listed. Each page claimed to be exempt from disclosure must be clearly identified by the word "Confidential" printed on the lower right hand corner of the page.

Include a separate piece of paper attached to **Attachment F, Letter of Submittal** indicating the pages that have been marked "Confidential" and the particular exception from disclosure upon which the Bidder is making the claim.

AUTHORIZED SIGNATURES:

By signing below you hereby certify that you are an authorized representative of your firm/company and empowered to negotiate, enter into, and execute, in the name and on behalf of your firm/company, any agreements or documents associated with this RFP and to bind your firm/company to the obligations stipulated therein.

	Name of Individual(s) Authorized to Bind the Organization	
	Printed Name:	Title:

	Signature ***(Must be in blue ink and individual must be authorized to Bind the Organization)***	
	Signature:	Date: