**Vendor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions:**

* This form shall be completed by the Vendor by marking the check boxes shown below. By marking these boxes the Vendor acknowledges compliance with these items. Not checking a box may be cause for rejection of Vendor’s Proposal.
* Print the name of the Vendor above.
* Complete the signature block below: a) print the name of the Vendor; b) print the name of the representative authorized to legally bind the Vendor who will sign this form; c) provide the signature of said representative; d) include the date on which this form is signed.
* Return this completed form with Vendor’s Proposal.

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| Exhibit 1: Pro Forma Contract |  Have read, completed, and signed. |
| Exhibit 2: Standard Terms and Conditions (DOA-3054)  |  Have read and understand.  |
| Exhibit 3: Supplemental Standard Terms and Conditions for Procurement for Services (DOA-3681)  |  Have read and understand.  |
| Exhibit 4: Contract Terms and Conditions |  Have read and understand. |
| Attachment A: Proposer Checklist |  Have read, completed, and signed. |
| Attachment B: Mandatory Vendor Qualifications  |  Have complied with all requirements.  |
| Attachment C: Cost Proposal  |  Have read, completed, and signed.  |
| Attachment D: Financial Compliance |  Have read, completed, and signed. |
| Attachment E: Subcontractor Information |  Have read, completed, and signed. |
| Attachment F: Designation of Confidential and Proprietary Information (DOA-3027)  |  Have read, completed, and signed. |
| Attachment G: Request for Proposal (DOA-3261)  |  Have read, completed, and signed.  |
| Attachment H: Vendor Information (DOA-3477)  |  Have read, completed, and signed.  |

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| Attachment I: Vendor References (DOA-3478)  |  Have read, completed, and signed.  |
| Current W-9 (use IRS Form) |  Have read, completed, and signed. |
| Appendix 1: State of Wisconsin Enrollment Data |  Have read and understand. |
| Appendix 2: GHIP-WPE Employer Group Detail |  Have read and understand. |
| Appendix 3: Department of Corrections (DOC) Work Locations |  Have read and understand. |
| Appendix 4: State Work Locations (non-DOC) |  Have read and understand. |
| Appendix 5: 834 Companion Guide |  Have read and understand. |
| Appendix 6: Reporting Requirements |  Have read and understand. |
| Appendix 7: Performance Standards |  Have read and understand. |
| RFP Section 2: Preparing and Submitting a Proposal  |  Have complied with all requirements.  |
| RFP Section 3: Proposal Selection and Award Process  |  Have read and understand.  |
| RFP Section 6: General Questionnaire  |  Have complied with all requirements.  |
| RFP Section 7: Third Party Administrative Services Questionnaire |  Have complied with all requirements.  |
| RFP Section 8: Cost |  Have complied with all requirements.  |

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| Vendor Name: |       |
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| Printed Name of Authorized Representative |  |  |
|  |  |  |
|  |  |       |
| Signature of Authorized Representative |  | Date |