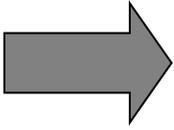
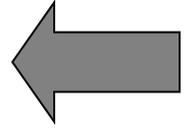


PROPOSAL COVER PAGE

RETURN ELECTRONICALLY SUBMITTED BIDS TO:



Amy Bradt
at Amy.Bradt@okhca.org



Solicitation Number 8070000549

Issue Date May 6, 2013

Closing Date May 28, 2013

General Bidder Information

FEI/SSN _____ PeopleSoft Vendor Number (if known) _____

Bidder's Name _____

Bidder's Contact Information

Bidder's Physical Address _____

City _____ State _____ Zip Code (include 4 digit add on) _____

Bidder's Contact Person and Title _____

Phone Number & Area Code _____ FAX Number & Area Code _____

E-mail Address _____ Website Address _____

If the Bidder is unable to certify any of the statements made in Section B.13, identify the statement(s) and explain below.
(Attach additional pages if necessary.)

Supplier Authorized Signature

Certified This Date

Printed Name

Title

FORM-2

CHECKLIST

COMPLETE PROPOSAL

Please check to indicate that Bidder has submitted a completed version of each of the following:

- | | | |
|-------------------------------------|---------|---|
| <input type="checkbox"/> | Form-1 | Proposal Cover Page; |
| <input type="checkbox"/> | Form-2 | Checklist |
| <input type="checkbox"/> | Form-3 | Project Capability Plan |
| <input checked="" type="checkbox"/> | Form-4 | <i>There is no Form-4 for this solicitation</i> |
| <input type="checkbox"/> | Form-5 | Value Added Plan |
| <input type="checkbox"/> | Form-6 | Past Performance Narrative |
| <input type="checkbox"/> | Form-7 | Past Performance Information – Reference List/Score Sheet |
| <input type="checkbox"/> | Form-8 | Past Performance Information – Survey Questionnaire |
| <input type="checkbox"/> | Form-9 | Milestone Schedule |
| <input type="checkbox"/> | Form-10 | Cost proposal |
| <input type="checkbox"/> | | Amendment(s) signed acknowledging receipt, if any |

PROJECT CAPABILITY SUBMITTAL (Forms 3 and 5)

1. Is your Project Capability Plan no more than two pages? Yes No
2. Is your Value Added Plan no more than two pages? Yes No
3. Have you eliminated from your PCS all organization or individual names, past project names, or any other information that may be used to identify the Bidder? Yes No
4. Did you use the PCS templates provided in this RFP without any modifications, color, font changes, illustrations or similar? Yes No
5. Do you understand that the contents of PCS will become part of the Contract? Yes No
6. Did you complete both plans required in the PCS – the Project Capability Plan and the Value Added Plan? Yes No
7. Do you understand that your Bid may be disqualified if you fail to meet any of the above requirements? Yes No

FORM-6
PAST PERFORMANCE NARRATIVE

1. Indicate below the critical entities and individuals for which the Bidder will submit a reference list and past performance information.

Critical Team Entity and Individuals

Bidder Name: _____

Name of Project Director: _____

2. Does anything in the Bidder's current financial and legal status, including credit rating, any pending judgment or litigation, or any real or potential financial reversal have the potential to significantly affect the Bidder's ability to perform the work under this RFP throughout the contract term including renewals? If yes, please explain.

Yes

No

3. Has the Bidder had any contract action taken against it in the past five years including any opportunity to correct a breach or performance issues, implementation of a corrective action plan, contract penalties levied, payment reductions for non-performance, allegations of breach, termination with or without cause or any other contract action? If yes, please explain.

Yes

No

4. Explain how Bidder meets the mandatory requirements in Section A.1.

Form-6 must not exceed 2 pages total including answers to Questions 2 through 4.

FORM-7

PAST PERFORMANCE REFERENCE LIST/SCORESHEET

Name of Entity/individual: _____

NO	CLIENT NAME	POINT OF CONTACT (EVALUATOR)	EVALUATOR'S PHONE NUMBER	CONTRACT PERIOD	TOTAL CONTRACT COST
1					
2					
3					
4					
5					

No	Criteria	Survey 1	Survey 2	Survey 3	Survey 4	Survey 5	Average
1	Ability to maximize contract goals and objectives						
2	Ability to manage contract cost						
3	Ability to maintain contract schedule						
4	Ability to manage / professionalism						
5	Effectiveness of closeout or turnover process						
6	Ability to communicate / document risks						
7	Ability to follow contract requirements						
8	Overall client or other customer satisfaction						
Overall Average Score:							
Total Number of Surveys Returned:							

FORM-8

PAST PERFORMANCE SURVEY QUESTIONNAIRE

Survey ID _____

To: _____
(Name of person completing survey)

Phone: _____ Fax: _____

Subject: Past Performance Survey of: _____
(Name of Bidder Organization)

(Name of Individual ONLY if this Survey is for the individual)

Oklahoma Health Care Authority requests past performance information on contractors and their key personnel. The entity/individual listed above has listed you as a client for which they have previously performed work. The OHCA appreciates your time in completing this survey. Rate each of the criteria on a scale of 1 to 10, with 10 representing that you were very satisfied and 1 representing that you were very unsatisfied. Please rate each of the criteria to the best of your knowledge (you may leave a question blank if you don't have adequate knowledge).

Client Name: _____

Project Name: _____

Annual dollar amount of Project: _____

NO	CRITERIA	UNIT	RATING
1	Ability to maximize contract goals and objectives	(1-10)	
2	Ability to manage contract cost	(1-10)	
3	Ability to maintain contract schedule	(1-10)	
4	Ability to manage / professionalism	(1-10)	
5	Effectiveness of closeout or turnover process	(1-10)	
6	Ability to communicate / document risks	(1-10)	
7	Ability to follow contract requirements	(1-10)	
8	Overall client or other customer satisfaction	(1-10)	
9	Is the contract completed and/or has it been in force for at least one full year?	(Y/N)	Y / N

Printed Name (of Evaluator)

Signature (of Evaluator)

Thank you for your time and effort in assisting the OHCA in this important endeavor.
Please fax the completed survey to: [enter Bidder's fax number here]

FORM-10

CONTRACTOR'S PRICING PROPOSAL FORM

State Fiscal Year	Proposed Monthly Fee
SFY14	
SFY15	
SFY16	
SFY17	
SFY18	