Exhibit A – Bidder Profile & Submittal Form

RFP# 2021HCA40

1. **COMPANY INFORMATION:**

|  |  |  |
| --- | --- | --- |
| (a) | Firm Legal Name\* |  |
| DBA (if any) |  |
| Street Address |  |
| Mailing Address:Delivery Address |  |
| City, State, ZIP |  |

**\*Firm Legal Name**: HCA requires the legal name of your company as it is registered in the state of Washington or the state in which your company was registered. Include as a PDF, Word file or JPEG 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 equivalent if not a Washington business.

|  |  |
| --- | --- |
| (b) | Telephone Number  |
| Area Code: | Number: | Extension: |
| Toll Free Number |
| Area Code: | Number: | Extension: |

|  |  |
| --- | --- |
| (c) | Email Address  |
|  |

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| --- | --- |
| (d) | Provide a list identifying which parties of the organization have the authority to sign contracts/amendments on behalf of the firm. |
|  |

|  |  |
| --- | --- |
| (e) | 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: |

|  |  |
| --- | --- |
| (f) | 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**

|  |  |  |
| --- | --- | --- |
| (g) | Legal Status | [ ]  Partnership [ ]  LLP [ ]  Corporation [ ]  LLC[ ]  Government [ ] Sole Proprietorship [ ]  Other\*\*[ ]  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.

\*\*If Other was selected, describe Bidder’s Legal Status.

|  |  |  |
| --- | --- | --- |
| (h) | Currently Involved in or planning a merger or divestiture? | [ ] YES [ ] NO |

Include a statement of the likelihood of merger, acquisition, or restructuring in the next 5 years.

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| --- | --- | --- |
| (i) | WA State UBI |  |

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.

[ ] YES [ ] NO

If the State of Washington has exempted your business from state licensing, submit proof of that exemption.

|  |  |  |
| --- | --- | --- |
| (j) | Federal Tax Identification Number\* |  |

\*Business tax identification numbers only. Do not provide any personal information.

|  |  |  |
| --- | --- | --- |
| (k) | Dun & Bradstreet Number |  |

|  |  |  |
| --- | --- | --- |
| (l) | OMWBE Certification Number |  |

Include proof of certification issued by the Washington State Office of Minority and Women’s Business Enterprises (OMWBE) if certified minority-owned firm and/or women-owned firm(s) will be participating on this project. For information: <http://www.omwbe.wa.gov>.

|  |  |  |
| --- | --- | --- |
| (m) | Subcontractor (s) | [ ] YES [ ] NO  |

If yes, complete and provide an information sheet for each Subcontractor, providing information for items 1(a) – 1(l) shown above. If any Subcontractor is a minority owned, women owned, veteran owned, or disadvantaged business, include the percentage and dollar amount of their participation.

The substitution of one Subcontractor for another may be made only at the discretion and prior written approval of HCA. The contractor is liable and responsible for all Subcontractor work.

*A Bidder’s failure to provide this information may cause the state to consider their proposal non-responsive and reject it.*

1. **PROCUREMENT OR FINANCIAL-RELATED CONVICTIONS**

|  |  |
| --- | --- |
| Indicate whether the Bidder or Subcontractor, or any of the Bidder or Subcontractor principle owners, officers or partners has been convicted within the last ten (10) years of any of the following: | [ ] YES [ ] NO |

1. Conviction for commission of a criminal offense as an incident to obtaining or attempting to obtain a public or private contract or subcontract, or in the performance of such contract or subcontract;
2. Conviction or a final determination in a civil action under state or federal statutes of fraud, embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, violation of the federal false claims act, 31 U.S.C. Sec. 3729 et seq., or the state Medicaid fraud false claims act, chapter [74.66](http://apps.leg.wa.gov/rcw/default.aspx?cite=74.66) RCW, or any other offense indicating a lack of business integrity or business honesty that currently, seriously, and directly affects responsibility as a state contractor;
3. Conviction under state or federal antitrust statutes arising out of the submission of bids or proposals.

Submit full details of the terms of the incident including the customer and/or other adverse party name, address, and telephone number. Present the Bidder’s position on the matter. HCA reserves the right to contact the customer or other adverse party and their representatives for further investigation of the incident. HCA will evaluate the facts and may, at its sole discretion, reject the proposal on the grounds of the past conviction.

If no such criminal conviction has been experienced by the Bidder or Subcontractor in the past ten (10) years, so indicate.

1. **TERMINATION FOR DEFAULT**

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| --- | --- |
| Has Bidder or Bidder’s Subcontractors 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 may result in termination of the contract with liquidated damages.*

1. **FEDERAL & STATE DEBARMENT CERTIFICATION**

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| --- | --- |
| Is the Bidder, including any of its officers or holder of controlling interest; or proposed Subcontractors presently or been previously debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in any federal or state contracts or grants by any federal or state department or agency? | [ ] YES [ ] NO |

1. **WAGE PAYMENT REQUIREMENT VIOLATION**

|  |  |
| --- | --- |
| Has Bidder or Bidder’s Subcontractors been determined by a final and binding citation and notice of assessment issued by the Department of Labor and Industries or through a civil judgement entered by a court of limited or general jurisdiction to have willfully violated, as defined in RCW 49.48.082, any provision of RCW chapter 49.46 (Minimum Age Requirements and Labor Standards), 49.48 (Payment of Wages), or 49.52 (Wage Deductions)? | [ ] YES [ ] NO |

If yes, submit full details including the citation and/or judgement, the other party’s name, address and telephone number. The Bidder specifically grants access to HCA to all information HCA determines necessary to satisfy its investigation of the citation and/or judgement. HCA will evaluation 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 may result in termination of the contract with liquidated damages.*

1. **CONFLICT OF INTEREST INFORMATION:**

|  |  |  |
| --- | --- | --- |
| (a) | Were any of Bidder’s employees, officers or Subcontractor’s employees or officers employed by the State of Washington during the last two years?  | [ ] 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 separation 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.

*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.*

|  |  |  |
| --- | --- | --- |
| (b) | Is any owner, key officer or key employee of the Bidder related by blood or marriage to an employee of HCA or has close personal relationship to same?  | [ ] YES [ ] NO |

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

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| --- | --- | --- |
| (c) | In preparing this proposal, has Bidder been assisted by any current or former employee of the state of Washington whose duties relate (or did relate) to this proposal or prospective contract, and who was assisting in other than his or her official, public capacity?  | [ ] YES [ ] NO |

If yes, please explain.

|  |  |  |
| --- | --- | --- |
| (d) | 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.*

1. **RECENT WASHINGTON STATE CONTRACTS**

|  |  |
| --- | --- |
| Has the Bidder or any Subcontractor contracted with the state of Washington during the past 24 months? | [ ] YES [ ] NO |

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

1. **PROPRIETARY INFORMATION AND PUBLIC DISCLOSURE**

|  |  |
| --- | --- |
| Does Bidder’s proposal contain any proprietary or confidential information? Is Bidder claiming an exemption under chapter 42.56 RCW, the Public Records Act, or other state or federal law that provides for the nondisclosure of a record? | [ ] YES [ ] NO |

If yes, provide an indexed list, identifying location of proprietary information by document name, page number, and location on page where the proprietary information is in the response. Each page claimed to be exempt from disclosure must reference either (1) the specific basis claimed under Chapter [42.56 RCW](http://apps.leg.wa.gov/rcw/default.aspx?cite=42.56), the Public Records Act, or (2) a statement of why the information is designated proprietary or exempt from disclosure. Additionally, each page claimed to be exempt from disclosure must be clearly identified by the word “Proprietary” printed on the lower right hand corner of the page. Stating or marking the entire proposal or entire sections as proprietary will not be honored.

1. **MINIMUM QUALIFICATIONS**

|  |  |
| --- | --- |
| Does Bidder meet all of the minimum requirements specified in Section 1.6, MINIMUM QUALIFICATIONS of this solicitation? | [ ] YES [ ] NO |

1. **CERTIFICATIONS AND ASSURANCES**

Bidder makes the following certifications and assurances as a required element of the proposal attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract:

|  |  |  |
| --- | --- | --- |
| (a) | Bidder’s answers and statements made in the proposal are true and correct.  | [ ] YES [ ] NO |

|  |  |  |
| --- | --- | --- |
| (b) | Bidder’s prices and/or cost data have been determined independently, without consultation, communication, or agreement with others for the purpose of restricting competition?  | [ ] YES [ ] NO |

Bidder may join with other persons or organizations for the purpose of presenting a single proposal.

|  |  |  |
| --- | --- | --- |
| (c) | Bidder’s attached proposal is a firm offer for a period of 120 days following receipt, and it may be accepted by HCA without further negotiation (except where Bidder has identified exceptions (see 9(h) below) or where there is lack of certainty in key terms) at any time within the 120-day period. | [ ] YES [ ] NO |

|  |  |  |
| --- | --- | --- |
| (d) | Bidder understands that HCA will not reimburse Bidder for any costs incurred in the preparation of this proposal.  | [ ] YES [ ] NO |

|  |  |  |
| --- | --- | --- |
| (e) | Bidder understands that its proposal will become the property of HCA, and Bidder claims no proprietary rights to the ideas, writings, items, or samples, unless so stated in its response to question #7 in this *Bidder Profile*. | [ ] YES [ ] NO |

|  |  |  |
| --- | --- | --- |
| (f) | Bidder confirms the prices and/or cost data submitted have not been knowingly disclosed by the Bidder and will not be knowingly disclosed by Bidder prior to announcement of ASB, directly or indirectly, to any other Bidder or to any competitor. | [ ] YES [ ] NO |

|  |  |  |
| --- | --- | --- |
| (g) | (1) Bidder agrees that submission of the attached proposal constitutes acceptance of the solicitation contents and the attached Draft Contract terms and conditions. Additionally, if there are any exceptions to these terms, Bidder has described those exceptions in detail as redlines within Exhibit D, Draft Contract. | [ ] YES [ ] NO |
| (2) Bidder is submitting exceptions to Exhibit D, Draft Contract with its proposal: | [ ] YES [ ] NO |

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| --- | --- | --- |
|  (h) | Bidder confirms it has made no attempt and will make no attempt to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition. | [ ] YES [ ] NO |

|  |  |  |
| --- | --- | --- |
| (i) | Bidder grants HCA the right to contact references and others, who may have pertinent information regarding the ability of Bidder and the lead staff person(s) to perform the services contemplated by this solicitation. | [ ] YES [ ] NO |

**AUTHORIZED SIGNATURE(S):**

*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 solicitation and to bind your firm/company to the obligations stipulated therein.*

|  |  |
| --- | --- |
| Name: | Title: |

|  |  |
| --- | --- |
| Signature: | Date: |

Return Exhibit A- Bidder Profile & Submittal Form as part of your bid submittal to Procurement Coordinator at:
HCAProcurements@hca.wa.gov