Colorado Department of
Health Care Policy and Financing

SOLICITATION #:

HB12-1281 PRI

ACC Payment Reform Initiative

Appendix B

Signature Page

STATE OF COLORADO
DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

SIGNATURE PAGE

RETURN THIS PAGE WITH YOUR PROPOSAL

DATE OF ORIGINAL POSTING TO PRI WEB PAGE:	December 17, 2012	**DELIVER PROPOSAL TO:**
SOLICITATION NUMBER:	HB12-1281 PRI	David Ducharme Department of Health Care Policy & Financing Medicaid Reform Unit 1570 Grant Street Denver, Colorado 80203-1818
SOLICITATION TITLE:	ACC Payment Reform Initiative	
DIRECT INQUIRIES TO:	David Ducharme	
E-MAIL:	David.Ducharme@state.co.us	

PROPOSAL DUE DATE/TIME: **MONDAY, APRIL 1, 2013 at 3:00 PM (MT)**

Proposals properly marked as to OFFEROR'S NAME, SOLICITATION NUMBER and DUE DATE, subject to the conditions of the solicitation documents, will be accepted at the address listed above on or prior to the DUE DATE and TIME listed above. In the event that the DUE DATE and TIME are revised via a modification, the modified DUE DATE and TIME shall take precedence over the DUE DATE and TIME listed above. All proposals shall be quoted F.O.B. Destination, unless otherwise specified in the solicitation documents, to the delivery location listed above.

Offerors should read the most recent solicitation and appendices for requirements and terms and conditions.

IMPORTANT: Proposals **MUST** be accompanied by this Signature Page.

MUST BE SIGNED IN INK

_____
Handwritten Signature of Authorized Officer or Agent who is legally authorized to execute contractual obligations for Offeror

_____
Typed or printed name of Authorized Officer or Agent

_____
Title of Authorized Officer or Agent

_____
Date Signed

CONFIRMATIONS

Check to confirm the following:

_____ **Offeror's complete proposal remains a firm offer 120 days after proposal due date.**

_____ **Offeror is willing to enter into a contracting document containing the terms and conditions or substantially similar terms and conditions to the draft contract and the requirements of the solicitation without exception, deletion, qualification or contingency.**

FULL LEGAL NAME OF OFFEROR:

_____

ADDRESS:

_____

PHONE: _____

E-MAIL:

_____

FEIN OR SSN: _____