

*Colorado Department of
Health Care Policy and Financing*



RFP # HCPFKQ1103SDAC

Statewide Data and Analytics Contractor
For The Accountable Care Collaborative Program

Appendix B

RFP Signature Page

Modification No. 3

STATE OF COLORADO
DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

REQUEST FOR PROPOSALS
SIGNATURE PAGE

<u>DATE:</u>	September 23, 2010	<u>DELIVER PROPOSAL TO:</u>	
<u>RFP NUMBER:</u>	HCPFKQ1103 SDAC	Department of Health Care Policy and Financing	
<u>DIRECT INQUIRIES TO:</u>	Katherine Quinby	Contracts and Purchasing Section	
<u>PHONE:</u>	303-866-4940	1570 Grant Street	
<u>E-MAIL:</u>	katherine.quinby@state.co.us	Denver, Colorado 80203-1818	
		RFP # HCPFKQ1103SDAC	

DUE DATE/TIME: **Tuesday, November 30, 2010 at 3:00 PM (MT)**

Proposals properly marked as to OFFEROR'S NAME, RFP NUMBER, DUE DATE and TIME of opening, subject to the conditions of the RFP 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 an RFP 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 RFP documents, to the delivery location listed above.

REQUEST FOR PROPOSALS

NUMBER: HCPFKQ1103SDAC

TITLE: Statewide Data and Analytics Contractor for the Accountable Care Collaborative Program

AGENCY: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

SEE ATTACHED PAGES FOR TERMS AND CONDITIONS AND PROPOSAL REQUIREMENTS.

IMPORTANT: Proposals submitted in response to the RFP **MUST** be accompanied by this "Signature Page".

Offerors should read the entire RFP document before submitting a proposal.

Offerors must be registered with Colorado BIDS by the proposal submission due date and time.

PROPOSALS MUST BE SIGNED IN INK

TERMS: _____

Payment terms of less than 30 calendar days will not be considered.

Pricing shall be effective for 180 days after due date.

TYPED OR PRINTED SIGNATURE

FULL LEGAL NAME OF OFFEROR:

Handwritten signature by Officer or Agent who is legally authorized to execute contractual obligations for Offeror.

ADDRESS: _____

TITLE

ZIP: _____

DATE

CONFIRMATIONS

____ Confirm that you are aware that the award notice will be published on BIDS.

____ Confirm that your company is registered with Colorado BIDS.

____ State the number of Modifications you have obtained from the State's BIDS website.

PHONE: _____

FAX: _____

E-MAIL: _____

FEIN OR SSN: _____

Enter your FEIN or SSN as registered on Colorado BIDS

RETURN THIS PAGE WITH YOUR PROPOSAL