Proposal Response Sheet

Shelby County Government – RFP 14-008-11
HIPAA & HITECH ACT COMPLIANCE CONSULTING SERVICES

Name of firm: __________________________________________________________
Firm’s Website: _______________________________________________________

Mailing Address: ______________________________________________________
Remit Address: _______________________________________________________

Phone: _____________________________ Phone: ___________________________
Fax: ________________________________ Fax: _____________________________
Payment Terms: ____________________________

Authorized Representative: ___________________________ Print: ___________________________
Signature  (Person authorized to negotiate with the County on behalf of the organization/firm.)
Email address: _______________________________________________________

Authorized Representative: ___________________________ Print: ___________________________
Signature  (Person authorized to negotiate with the County on behalf of the organization/firm.)
Email address: _______________________________________________________

The signature(s) above indicates that certifies that:
(i)  the Proposer’s signatory is an agent authorized to submit proposals on behalf of the organization/firm;
(ii) all declarations in the proposal and attachments are true to the best of reasonable knowledge;
(iii) all aspects of the proposal, including cost, have been determined independently, without consultation
with any other prospective Proposer or competitor for the purpose of restricting competition;
(iv) the offer made in the proposal is firm and binding for 90 days after receipt of the proposal by the County; and
(v) all aspects of this RFP and the proposal submitted are binding for the duration if this proposal is
selected and a contract awarded.

Vendor # ___________________ (Required)  EOC #: ___________________________ (Required)
If EOC certification was obtained through a Teaming agreement and the EOC number starts with a “T”, please
complete the next page. If this does not apply, disregard the next page.

_______ Check here if you qualify as a MBE ___ HBE ___ or WBE ___ (Minority, Hispanics or Woman owned
Business Enterprise)  If so, please indicate the classification below:
☐ African American  ☐ Hispanic American  ☐ Asian American  ☐ Native American  ☐ Other _______________________

_______ Check here if you are a qualified LOSB (Locally owned Small Business) vendor. Certification for this status
is received through the EOC Administration.  This is not a self-certifying classification.
Proposition Response Sheet

Shelby County Government – RFP 14-008-11
HIPAA & HITECH ACT COMPLIANCE CONSULTING SERVICES

Are you currently in an EOC Teaming Agreement? If so please complete the following:

Please name the firm you agreed to team with in order to be qualified to do business with Shelby County Government: __________________________________________________________

You are aware that part of being approved with a “Teaming Agreement” you agreed to team with the certified LOSB identified on your agreement on “ALL” County projects?________

Will this company participate in the completion of services for this proposal?____________

If not, why?________________________________________________________________________________________

________________________________________________________________________________________

If you answered no to the above question, is your Teaming LOSB vendor aware that you are bidding on this project for the County?________

Have you included another firm to participate in the completion of the services:________

If so, who?________________________________________________________________________________________

________________________________________________________________________________________

(Include the complete business name, address, phone and contact person)

Are they a certified LOSB with Shelby County?______ Include LOSB#______________________________

**Please note that all of the information contained on this page will be used during the evaluation of the responses**
Definitions for the information listed on the first page

Locally Owned Small Business:

For this purpose, a Locally Owned Small Business is defined as a sole proprietorship, corporation, partnership, joint venture or any other business or professional entity located within Shelby County, Tennessee and at least 51% owned, operated and managed by a Shelby County resident with gross annual sales of $5 Million dollars or less. The business must be confined within the boundaries of Shelby County, Tennessee.

Minority/Hispanic/Woman owned Business Enterprise:

Minority – a Black American having his or her origin in the black racial groups of Africa.
Hispanic – A person of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture.

Response Checklist:

Please make sure that basic information listed below is provided in your RFP before you submit your response.

☐ Cover Sheet/Proposal Response Sheet (Required)
☐ Comprehensive Response to Minimum Requirements & Required Services
☐ Cost & Fees
☐ Experience of Respondent
☐ References
☐ Additional Information (optional)

(This checklist does not absolve the Respondent of any other required documentation indicated in the document not list above. Please use the information highlighted above as a reference only)