

EXHIBIT A-2-c
ADDITIONAL REQUIRED CERTIFICATIONS AND STATEMENTS

RESPONDENT'S NAME:

1. ACCEPTANCE OF SOLICITATION REQUIREMENTS

I hereby certify that I understand and agree that my organization has read all requirements and Department specifications provided in this solicitation, accepts said requirements, and that this Response is made in accordance with the provisions of such requirements and specifications. By my written signature below, I guarantee and certify that all items included in this Response shall meet or exceed any and all such requirements and Department specifications. I further agree, if awarded a contract resulting from this solicitation, to deliver services that meet or exceed the requirements and specifications provided in this solicitation.

AND

2. ACCEPTANCE OF CONTRACT TERMS AND CONDITIONS

I hereby certify that should my organization be awarded a contract resulting from this solicitation, it will comply with all terms and conditions as specified in this solicitation and in the Department's Standard Contract **Exhibit A-10**.

AND

3. STATEMENT OF NO-INVOLVEMENT

I hereby certify that neither my organization nor any person with an interest in the organization had any prior involvement in performing a feasibility study of the implementation of the subject Contract, in drafting of this solicitation or in developing the subject program.

AND

4. PROHIBITION OF GRATUITIES

I hereby certify that no elected official or employee of the State of Florida has or shall benefit financially or materially from my organization's Response or subsequent contract in violation of the provisions of Chapter 112, F.S. I understand that any contract issued as a result of this solicitation may be terminated if it is determined that gratuities of any kind were either offered or received by any of the aforementioned parties.

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AND

5. NON-COLLUSION CERTIFICATION

I hereby certify that all persons, companies, or parties interested in the Response as principals are named therein, that the Response is made without collusion with any other person, persons, organization, or parties submitting a Response; that it is in all respects made in good faith; and as the signer of the Response, I have full authority to legally bind the prospective respondent to the provisions of this solicitation.

AND

6. PERFORMANCE OF SERVICES

I hereby certify my organization shall ensure all services, provided directly or indirectly under the Contract resulting from this solicitation, will be performed within the borders of the United States and its territories and protectorates.

AND

7. ORGANIZATIONAL CONFLICT OF INTEREST CERTIFICATION

The standards on organizational conflicts of interest in Title 48, Code of Federal Regulations, Subpart 9.5 – Organizational and Consultant Conflicts of Interest and Section 287.057(17), Florida Statutes, apply to this solicitation. A respondent with an actual or potential organizational conflict of interest shall disclose the conflict. If the respondent believes the conflict of interest can be mitigated, neutralized or avoided, the respondent shall submit a Conflict of Interest Mitigation Plan with its Response, that shall, at a minimum:

- a) Identify any relationship, financial interest or other activity which may create an actual or potential organizational conflict of interest.
- b) Describe the actions the respondent intends to take to mitigate, neutralize, or avoid the identified organizational conflicts of interest.
- c) Identify the official within the respondent's organization responsible for making conflict of interest determinations.

The Conflict of Interest Mitigation Plan will be evaluated as acceptable or not acceptable. The Department reserves the right to request additional information from the respondent or other sources, as deemed necessary, to determine whether or not the plan adequately neutralizes, mitigates, or avoids the identified conflicts.

Pursuant to the aforementioned requirements, I hereby certify that, to the best of my knowledge, my organization (including its subcontractors, subsidiaries and partners):

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Please check the applicable paragraph below:

- Has no existing relationship, financial interest or other activity which creates any actual or potential organizational conflicts of interest relating to the award of a contract resulting from this solicitation.

- Has included information in its Response to this solicitation detailing the existence of actual or potential organizational conflicts of interest and has provided a “Conflict of Interest Mitigation Plan”, as outlined above.

AND

8. RESPONDENT ATTESTATION FOR EXHIBIT A-4

I hereby certify that no modification and/or alteration has been made to the template, narrative and/or instructions contained in **Exhibit A-4**, Unscored Submission Requirements and Evaluation Criteria, including **Exhibits A-4-a, A-4-b, and A-4-c**, as applicable.

I understand the Department may not consider supplemental response narrative for evaluation which is not contained within the Response Sections contained in **Exhibit A-4**, Unscored Submission Requirements and Evaluation Criteria.

AND

9. RESPONDENT ATTESTATION FOR EXHIBIT A-5

I hereby certify that no modification and/or alteration has been made to the template, narrative and/or instructions contained in **Exhibit A-5**, Scored Submission Requirements and Evaluation Criteria, including **Exhibits A-5-a, A-5-b, and A-5-c**, as applicable.

I understand the Department may not consider supplemental response narrative for evaluation which is not contained within the Response Sections contained in **Exhibit A-5**, Submission Requirements and Evaluation Criteria.

AND

10. RESPONDENT ATTESTATION FOR EXHIBIT A-6

I hereby certify that no modification and/or alteration has been made to the template, narrative and/or instructions contained in **Exhibit A-6**, ITN Plan Financial Commitment Template Narrative.

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AND

11. RESPONDENT ATTESTATION FOR EXHIBIT A-7

I hereby certify that no modification and/or alteration has been made to the template, narrative and/or instructions contained in **Exhibit A-7**, Summary of Respondent Commitments.

AND

12. NAMES OF OPERATION

I hereby certify the following is a list of all names under which my organization has operated during the past five (5) years (since June 30, 2019).

AND

13. BUSINESS RELATIONSHIP

The respondent shall disclose any business relationship (as defined in Section 409.966(3)(b), Florida Statutes) with any other eligible Managed Care Plan that is a potential respondent to this ITN or award recipient for AHCA ITN 010-22/23. Such disclosure shall include identifying information for each Managed Care Plan, the nature of the business relationship, the current service area of each Managed Care Plan (by line of business), and the signature of the authorized representative for each Managed Care Plan. The respondent agrees to provide additional documentation or information to the Department upon request in support of this disclosure.

The respondent must disclose any business relationship(s) in the space provided below:

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AND

14. FLORIDA DEPARTMENT OF STATE REGISTRATION

I hereby certify my organization is registered with the Florida Department of State as an entity authorized to transact business in the State of Florida.

AND

15. COMPLETE MEDICAID PROVIDER ENROLLMENT PACKAGE SUBMISSION

I hereby certify my organization, if awarded a Contract, shall provide the Department with an accurate and complete Medicaid Provider Enrollment Application, including all ownership and principal fingerprint cards and processing fees, within thirty (30) days after the Contract award is complete.

AND

16. CERTIFICATION REGARDING TERMINATED CONTRACTS

I hereby certify that my organization (including its subsidiaries and affiliates) has not unilaterally or willfully terminated any previous contract prior to the end of the contract with a State or the Federal government and has not had a contract terminated by a State or the Federal government for cause, prior to the end of the contract, within the past five (5) years (since June 30, 2019), other than those listed on **Page 6** of this Exhibit.

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Respondent's Name: _____

Client's Name: _____

Term of Terminated Contract: _____

Description of Services: _____

Brief Summary of Reason(s) for Contract Termination:

Respondent's Name: _____

Client's Name: _____

Term of Terminated Contract: _____

Description of Services: _____

Brief Summary of Reason(s) for Contract Termination:

AND

17. RESPONDENT ATTESTATION REGARDING SCRUTINIZED COMPANIES LIST

Pursuant to Section 287.135, F.S. I certify that:

- a. If the resulting Contract reaches or exceeds **\$1,000,000.00**, my organization has not been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List and does not have business operations in Cuba or Syria; and

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- b.** For the resulting Contract in any amount, it has not been placed on the Scrutinized Companies that Boycott Israel List and is not engaged in a boycott of Israel.

The respondent agrees that the Department may immediately terminate the resulting Contract if the respondent is found to have submitted a false certification or is placed on the lists defined in Sections 215.473 or 215.4725, F.S., or engages in a boycott of Israel, during the term of the resulting Contract.

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Signature below indicates the respondent's full acknowledgement of; understanding of; and agreement with all of the certifications and statements identified above in Items 1 through 17 as written and without caveat.

Respondent Name

Authorized Official Signature

Date

Authorized Official Name

Authorized Official Title

Failure to submit, Exhibit A-2-c, Additional Required Certifications and Statements, signed by an authorized official may result in the rejection of the Response.

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