Document Submission Checklist

Request for Proposal (RFP: 17-242-SOL-00018)

Professional Physician and Other Ambulatory Health Care Services

The following checklist is to assist you in ensuring that the acceptable minimum documents are submitted with your proposal and signed by an official authorized to bind your organization.

Document Requirement	Number of Copies
1. ☐ *Standard Form 1449*, Solicitation/Contract/ Order for Commercial Items (Page 1) **(Complete blocks 17a and 30a-30c)** ***Cite DUNS# in block 17a of the Standard Form 1449***	**1 Copy with Original Signature**
2. ☐ Paragraph B-1.b. (General/Purpose of Contract) **Enter in Type of Professional Health Care Service** (Page 5)	**1 Copy**
3. ☐ Paragraph B-5.b.1.-5. (Fee Schedule/Pricing) **Enter Discount/Offer/No-Show Fee** (Page 5)	**1 Copy**
4. ☐ Paragraph C-3 (FAR 52.212-3 Offeror Representation and Certifications – Commercial Items (JAN 2017) **Complete Pages 17 and 18, paragraphs (c)1- (c)10 <u>and</u> (d)1- (d)2** (Page 16, only b(2) if Annual Reps & Certs are up to date in SAM.gov)	**1 Copy**
5. ☐ Paragraph C-3 (FAR 52.212-3 Offeror Representation and Certifications – Commercial Items (JAN 2017) **Complete Page 22 and 23, paragraphs (l)3- (l)5, (n)2, (q)2** (Page 16, only b(2) if Annual Reps & Certs are up to date in SAM.gov)	**1 Copy**
6. ☐ Appendix D-2: Business Associate Agreement **Complete Fillable items in I and IIA.**	**1 Copy**
7. ☐ Attachment D-6: Provider Contract Summary Sheet **Complete Fillable items and sign.**	**1 Copy with Original Signature**
8. ☐ Attachment D-7: Provider Certification **Complete Fillable items and sign.**	**1 Copy with Original Signature**
9. ☐ Copies of Certifications, Licenses, Medical Malpractice Insurance and Specialty Training for each provider (if applicable).	**1 Copy**

Note: Please retain a copy of the RFP package for your reference.