

ATTACHMENT B: ORGANIZATIONAL INFORMATION (REV 1)

The Proposer shall use this document to describe the background of its company, its size and resources and details of relevant experience.

1. Name of Proposer: _____

dba: _____

2. To whom should correspondence regarding this contract be addressed?

Individual's Name: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ Email address: _____

Contact Person (if different from above): _____

3. Date business was established: _____

4. Ownership (e.g., public company, partnership, subsidiary): _____

5. Primary line of business: _____

6. Total number of employees: _____

7. Detail corporate experience within the last five years relevant to the proposed RFP, including specific details regarding the Proposer's experience.

8. Is your agency acting as the administrative agent for any other agency or organization? _____
If yes, describe the relationship in both legal and functional aspects.

9. Detail the qualifications and professional background of all management, technical, and on-site staff who would be directly involved in providing the proposed services. Include copies of their current resumes.

10. Provide a copy of the current organizational chart indicating all personnel who would be involved in providing the proposed services.

11. Does the organization have any uncorrected audit exceptions? _____
If yes, please explain.

12. Has any state or federal agency ever made a finding of non-compliance with any relevant civil rights requirement with respect to your program? _____
If yes, please explain.
13. Have there ever been any felony convictions of any key personnel (i.e., Administrator, CEO, Financial Officers, major stockholders or those with controlling interest)? _____
If yes, please explain:
14. Has anyone in your organization, or has your organization, ever been restricted or, in any way sanctioned, or excluded from participation in any governmentally funded healthcare programs including, but not limited to, Medicare or Medicaid/AHCCCS? _____
If yes, please explain.
15. **Minimum Qualification: Per RFP Section 3.0 Work Statement, Subsection 3.1 Service Goal, this engagement will be awarded to a certified Workday implementation partner available to staff in July 2026 for a planned conversion on October 1, 2027. Does your organization attest that it is a certified Workday partner meeting these staffing and conversion timeline requirements?**

Yes, we so attest No