Request for Proposal No:	**90-26-264-RFP**	Due Date:	
Material and/or Services:		Time:	Phoenix, AZ Time
Location: Valleywise Health		Contact:	Kelly Garrett
Address: 2601 E. Roosevelt Street, 1st Floor, Phoenix, AZ 85008		Phone:	602-344-1473

MANDATORY OFFER AND ACCEPTANCE

By signing below, the Proposer hereby certifies that:
They have read, understand, and agree that acceptance by Valleywise Health of the Proposer's offer by the issuance of a purchase order or contract will create a binding contract; They agree to fully comply with all terms and conditions as set forth in the Valleywise Health Procurement Code, and amendments thereto, together with the specifications and other documentary forms herewith made a part of this specific procurement;

The person signing the Proposal certifies that he/she is the person in the Proposer's organization responsible for, or authorized to make, decisions regarding the prices quoted. The Proposer is a corporation or other legal entity.
No attempt has been made or will be made by the Proposer to induce any other firm or person to submit or not to submit a Proposal in response to this RFP.

- ☐ **All amendments to this RFP issued by Valleywise Halth have been received by the person/organization below. All amendments are signed and returned with the Proposal.**
- ☐ **No amendments have been received.**

The price and terms and conditions in this Proposal are valid for 180 days from the date of submission.

Vendor Offer

Company Name: ___________________________ Contractor FEIN/SSM: ______________________

Company Account Manager			Payment Terms: net 45 days	
Address	City	State	Zip Code	Telephone: Email:

________________________ ________________________ ________________________ ________________

Authorized Signature | Typed Name | Title | Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD (For Valleywise Health Use Only)

Your offer is hereby accepted. The Contractor is now bound to sell the materials and/or services listed by the attached award notice based upon the solicitation, including all terms, conditions, specifications, amendments, etc., and the Contractor's offer as accepted by the District. The Contractor is hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until Contractor receives an executed ***Purchase Order.***

Attested by:

____

Valleywise Health Signatory Authority

Date: ____________________________

Contract Number: 90-26-364-1

This is NOT a Purchase Order

Contract Term: ______________________

Effective Date: ______________________________

Expiration Date

ATTACHMENT A: AUTHORIZATION TO SUBMIT PROPOSAL AND REQUIRED CERTIFICATIONS

By signing below, the Proposer hereby certifies that:

* They have read, understand, and agree that acceptance by Valleywise Health of the Proposer's offer by the issuance of a purchase order or contract will create a binding contract;
* They agree to fully comply with all terms and conditions as set forth in the Valleywise Health Procurement Code, and amendments thereto, together with the specifications and other documentary forms herewith made a part of this specific procurement;

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❑ All amendments to this RFP issued by Valleywise Health have been received by the person/organization below. All amendments are signed and returned with the Proposal.
❑ No amendments have been received.

The price and terms and conditions in this Proposal are valid for 180 days from the date of submission.

____
FIRM SUBMITTING BID

____ ____________________
ADDRESS CITY STATE ZIP CODE TELEPHONE

________________________ ____________________
FEDERAL TAX ID NUMBER EMAIL

____ ____________________
AUTHORIZED SIGNATURE DATE

____
PRINTED NAME AND TITLE

MINORITY BUSINESS/WOMEN BUSINESS/SMALL BUSINESS/DISADVANTAGED BUSINESS (As applicable)

(Check appropriate item):

❑ Minority Business Enterprise (MBE) ❑ Small Business Enterprise (SBE)
❑ Women Business Enterprise (WBE) ❑ Disadvantaged Business Enterprise (DBE)

ATTACHMENT B: ORGANIZATIONAL INFORMATION

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

ATTACHMENT C: REFERENCES

Enter the information requested below for at least two (2) professional references. These references should be current or recent clients for whom the Proposer has provided services similar to those solicited under this RFP:

REFERENCE #

Organization Name:____

Address:____

City/State/Zip:____

Contact Person:____________________________ Title:____________________

Contact Person Phone Number:______________________________________

Please provide a description of the services provided. Clearly identify the similarities and dissimilarities to the services being proposed in response to this RFP.

Description for Reference:

ATTACHMENT D: Conflict of Interest Disclosure

Conflict of Interest Disclosure Form

A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by the proposers(s)'other material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed.

This Conflict of Interest Form indicates whether the proposer(s) has an interest in, or acts as an officer or a director of, any outside entity whose financial interests could reasonably appear to be affected by the addition of the nominated condition to the evaluation panel.

The proposers(s) should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest. Relevant stauatory and policy established regulations and guidelines in financial conflicts must be abided by. Individuals with a conflict of interest should refrain from offering a proposal for evalution. Exceptions to this requirement involve vendors already performing services for Valleywise Health, allowing for discussions necessary for completion of services under existing contracts.

Date:
Name:
Position:

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest: _____

I have no conflict of interest to report. _____

I have the following conflict of interest to report (please specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own:

1. ____
2.____
3.____

I hereby certify that the information set forth above is true and complete to the best of my knowledge.
Signature: ____
Date: _______________________________________

ATTACHMENT E: PRICING

The document is to be used by the Proposer to specify proposed rates for Workday Implementation Partner as per the requested scope. Rate quotes are to be provided for the initial contract term.

The pricing table format below should remain static so proposal comparison can be enabled. Columns should not be altered; however, additional rows to capture specific detail may be added. Supplementary documentation may also be provided.

CUSTOMIZE PRICING SECTION FOR THE PARTICULAR SOLICITATION

The Unit(s) of Service below define (a) the base implementation services to be performed by the primary Workday implementation partner and (b) optional ramping-partner services that may be awarded separately for change management, training, and go-live/hypercare support.

Unit A $______Base implementation services to be performed by the primary Workday implementation partner

Unit B $______Optional ramping-partner services that may be awarded separately for change management, training, and go-live/hypercare support

Upon successful negotiations with Proposer(s), pricing information will be inserted into Section IV, Compensation, Paragraph 2, Pricing.

3. <u>INVOICING</u>

A. Contractor will provide separate invoices and emailed to: **AP@valleywisehealth.org**

B. Invoices must consist of the following information:

- Contractor’s name
- Contract Number
- Contract Not to Exceed (NTE) Amount
- Purchase Order Number
- Federal Tax ID number
- Date(s) of service
- Total charge
- Itemized listing of services

The Valleywise Health preferred method of payment is the Commercial Credit Card Program with Commerce Bank. Payments via credit card with Commerce Bank would result in quicker turnaround time for payments, once an approved vendor invoice is received. If the successful vendor indicates that they will accept such payment, further information will be available at time of award. Please indicate below whether or not you would be willing to accept credit card payments.

Yes ☐ No ☐

Comments: ____

____

The price and terms and conditions in this Proposal are valid for 180 days from the date of submission.

I hereby certify that I acknowledge acceptance of the rates for the initial contract period of INITIAL CONTRACT TERM DATES:

I hereby certify that I acknowledge acceptance of the rates for the initial contract term.

______________________________	______________________________
Printed Name of Authorized Individual	**Name of Submitting Organization**
______________________________	______________________________
Signature of Authorized Individual	**Date**

ATTACHMENT F: RESPONSE TO WORK STATEMENT REQUIREMENTS

The Proposer must explain how they will meet all the requirements of the Work Statement. The Proposer shall insert appropriate text to indicate specifically how it will satisfy each requirement. The Proposer should use as much detail as necessary to clearly convey how they will ensure provision of these services. Proposers should not simply restate the requirements, but describe how each task will be accomplished.

Nothing prohibits the addition of supplemental services, not identified in this solicitation and deemed necessary by Valleywise Health and agreed to by the selected Contractor(s).

Services associated with this procurement and the resulting contract(s) may be added or deleted by the District, as needed.

See Work Statement for Objectives and Tasks.

ATTACHMENT G: EXCEPTIONS TO RFP REQUIREMENTS AND/OR CONTRACT PROVISIONS

Proposers must use this section to state any exceptions to the RFP requirements and/or any requested language changes to the standard **Valleywise Health Contract Provisions.**

This is the only time Proposers may contest these requests. Calls for changes after the date Proposals are due will not be considered and could subject the Proposer to non-award on grounds of non-responsiveness.

Please sign and include this statement with your proposal.

I have read the Valleywise Health Contract Provisions and:

- ❑ I accept them
- ❑ I have stated my exceptions and have included them in this proposal.

______________________________	______________________________
Printed Name of Authorized Individual	**Name of Submitting Organization**
______________________________	______________________________
Signature of Authorized Individual	**Date**

ATTACHMENT H: PROPRIETARY AND/OR CONFIDENTIAL INFORMATION

Since the District is subject to Arizona's Public Records Act, Title 39 Chapter 1 of the Arizona Revised Statutes, Proposer is advised that any documents it provides to the District in response to a solicitation will be available to the public if a proper Public Records Request is made, except that the District is not required to disclose or make available any record or other matter that reveals proprietary information provided to the District by a Proposer that is from a non-governmental source. See ARS 48-5541.01(M)(4)(b).

PURSUANT TO THE PROCUREMENT CODE, ANY SPECIFIC DOCUMENTS OR INFORMATION THAT THE PROPOSER DEEMS TO BE PROPRIETARY AND/OR CONFIDENTIAL MUST BE CLEARLY IDENTIFIED AS SUCH IN THE PROPOSAL ALONG WITH JUSTIFICATION FOR ITS PROPRIETARY AND/OR CONFIDENTIAL STATUS.[1]

NOTE: The Proposer may not claim that the entire Proposal or the entire submission is proprietary and/or confidential. It is the Proposer's responsibility to clearly identify each document and each piece of information in their submission that is proprietary and/or confidential. The final determination of nondisclosure, however, rests with the Procurement Officer.[2]

Proposer should be aware that if a Court determines that the Proposer's information is not proprietary and/or confidential, the District will be required to disclose such information pursuant to a public records request. In such cases, Proposer understands and agrees that the District shall comply with the Court's determination and Proposer shall not hold District liable for any costs, damages or claims whatsoever related to releasing the information.

This is the *only notice* that will be given to the Proposer regarding the Proposer's responsibility to clearly identify its proprietary and/or confidential information. If a public records request is submitted to the District and the Proposer did not clearly identify its proprietary and/or confidential information at the time their Proposal is submitted, the District will not provide Proposer with any subsequent notice or opportunity to identify proprietary and/or confidential documents or information.

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1 MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT (MCSHCD) PROCUREMENT CODE, ARTICLE 1, GENERAL PROVISIONS, PARAGRAPH HS-104, CONFIDENTIAL OR PROPRIETARY INFORMATION.

2 MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT (MCSHCD) PROCUREMENT CODE, ARTICLE 1, GENERAL PROVISIONS, PARAGRAPH HS-104(C).

Please sign and include this statement with your proposal. I hereby certify that I acknowledge acceptance of the terms above and that I have:

- ❑ Determined that no documents or information contained within this proposal are proprietary and/or confidential in nature.
- ❑ Clearly identified specific documents or information that are deemed to be proprietary and/or confidential and have justified the reason for the proprietary status of any identified documents or information contained herein.

______________________________	______________________________
Printed Name of Authorized Individual	**Name of Submitting Organization**
______________________________	______________________________
Signature of Authorized Individual	**Date**