



Offer and Acceptance

SOLICITATION NO: ADHS11-00000347

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OFFEROR:

OF
86

ARIZONA DEPARTMENT OF HEALTH SERVICES

1740 West Adams Street

Phoenix, Arizona 85007
(602) 542-1040
(602) 542-1741 Fax

OFFER

TO THE STATE OF ARIZONA:

The Undersigned hereby offers and agrees to furnish the material, service or construction in compliance with all terms, conditions, specifications and amendments in the Solicitation and any written exceptions in the offer. Signature also certifies Small Business status.

Arizona Transaction (Sales) Privilege Tax License No.

86-6000444

Federal Employer Identification No:

Phone:

Fax:

Gila County

Company Name

Signature of Person Authorized to Sign Offer

1400 E. Ash Street

Address

Michael A. Pastor

Printed Name

Globe

AZ

85501

City

State

Zip

Chairman, Board of Supervisors

Title

By signature in the Offer section above, the Offeror certifies:

- 1 The submission of the Offer did not involve collusion or other anticompetitive practices
- 2 The Offeror shall not discriminate against any employee or applicant for employment in violation of Federal Executive Order 11246, State Executive Order 75.5 or A.R.S. §§ 41-1461 through 1465
- 3 The Offeror has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted offer. Failure to provide a valid signature affirming the stipulations required by this clause shall result in rejection of the offer. Signing the offer with a false statement shall void the offer, any resulting contract and may be subject to legal remedies provided by law.
- 4 The Offeror certifies that the above referenced organization IS/ IS NOT a small business with less than 100 employees or has gross revenues of \$4 million or less
- 5 In accordance with A.R.S. §35-397, the offeror hereby certifies that the Offeror does not have scrutinized business operations in Iran
- 6 In accordance with A.R.S. §35-397, the offeror hereby certifies that the Offeror does not have scrutinized business operations in Sudan

ACCEPTANCE OF OFFER

The Offer is hereby accepted

The Contractor is now bound to sell the materials or services listed by the attached contract and based upon the solicitation, including all terms, conditions, specifications, amendments, etc., and the Contractor's Offer as accepted by the State

This Contract shall henceforth be referred to as Contract No. _____. The Contractor has been cautioned not to commence any billable work or to provide any material or service under this contract until Contractor receives purchase order, contact release document or written notice to proceed.

State of Arizona

Awarded this _____ day of _____ 20 _____

Bryan Chambers
Chief Deputy
Gila County Attorney

Procurement Officer



SOLICITATION AMENDMENT ONE (1)

ARIZONA DEPARTMENT OF
HEALTH SERVICES
1740 West Adams, Room 303
Phoenix, AZ 85007
(602) 542-1040
(602) 542-1741 fax

Solicitation Due Date: February 7, 2011

At 3:00 P M

Contact: **Cindy Sullivan**

A signed copy of this amendment must be submitted with your Solicitation Response.

CHANGES IN REQUIREMENTS THAT WILL FORMALLY CHANGE THE REQUIREMENTS OF THIS SOLICITATION WILL BE SHOWN AT THE BEGINNING OF THE AMENDMENT.

Solicitation ADHS11-00000347 is amended as follows:

- 1 The date on the Cover Page for the Pre-Offer Conference is January 10, 2011

Vendor hereby acknowledges receipt and understanding of above amendment

Signature _____

Date

Name and Title:

Michael A. Pastor
Chairman, Board of Supervisors

Name of Company:

Gila County

The above referenced Solicitation Amendment is hereby executed this ___ day of _____, 2010 in Phoenix, Arizona

On File

Signature

Title: Christine Ruth, Chief Procurement Officer

Bryan Chambers
Chief Deputy
Gila County Attorney

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SOLICITATION AMENDMENT TWO (2)

ARIZONA DEPARTMENT OF
HEALTH SERVICES
1740 West Adams, Room 303
Phoenix, AZ 85007
(602) 542-1040
(602) 542-1741 fax

Solicitation Due Date: February 7, 2011

At 3:00 P M.

Contact: Cindy Sullivan

A signed copy of this amendment must be submitted with your Solicitation Response.

CHANGES IN REQUIREMENTS THAT WILL FORMALLY CHANGE THE REQUIREMENTS OF THIS SOLICITATION WILL BE SHOWN AT THE BEGINNING OF THE AMENDMENT.

Solicitation ADHS11-00000282 is amended as follows:

1. Replace Page Thirty (30), Section G, Deliverables, Deliverable Due Dates, Lines Two (2) and Four (4) with Solicitation Amendment Two (2) as follows:

Deliverable Name	Deliverable Due Date	Submit To
Monthly CER and Monthly Activity Report (MAR)	Fifteen (15) days after month of service/claim	Program Manager
Client level data entry into an HRSA approved data system	Fifteen (15) days after activity	Program Manager via CAREWare or other HRSA approved system
Ryan White Data Report (RDR)/Ryan White Services Report (RSR)	Between January and March each year for prior Calendar Year data (due date defined by HRSA)	Program Manager and HRSA through Electronic Handbook
Quarterly Narrative Report	July 15, Oct 15, Jan 15, of each year	Program Manager
Quarterly Expenditure Report	Fifteen (15) days after end of month	Program Manager
Annual Narrative Report	April 1 of each year	Program Manager
Annual Service Delivery Plan	April 30 of each year	Program Manager
Quality Management Plan	May 1 of each year	Program Manager
Budget Projections	Jan 1 of each year for remainder of current year	Program Manager
Yearly Budget Worksheet and Narrative/justification	December 1 of each year for March 31 year end	Program Manager

Vendor hereby acknowledges receipt and understanding of above amendment

Signature _____

Date _____

Name and Title:

Michael A. Pastor
Chairman, Board of Supervisors
Name of Company:
Gila County

The above referenced Solicitation Amendment is hereby executed this ___ day of _____, 2011 in Phoenix, Arizona

On File

Christine Ruth

Signature

Title: Christine Ruth, Chief Procurement Officer

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2. Replace Exhibit One (1), Page Fifty-One (51), with Solicitation Amendment Two (2), Exhibit One (1), Page Three (3).

**EXHIBIT 1
STATEWIDE NEEDS ASSESSMENT**

Geographic Area	Number living with HIV	Number living with AIDS	Unmet Need	Priority Needs
Pima County	1,151	1,244	956 (39.9%)	<ol style="list-style-type: none"> 1. Ambulatory Outpatient Medical Care 2. Oral Health Care 3. AIDS Pharmaceutical Assistance 4. Mental Health Care 5. Medical Case Management 6. Health Insurance Premium and Cost Sharing 7. Substance Abuse Treatment- Outpatient
EMA (The emerging metropolitan area of Phoenix, which includes Maricopa and Pinal counties.)	5,654	4,969	4,357 (41.0%)	<ol style="list-style-type: none"> 1. Housing Assistance 2. Medications 3. Primary Medical Care 4. Food Bank Services 5. Medical Transportation 6. Mental Health Services 7. Substance Abuse Services 8. Emergency Financial Assistance 9. Health Insurance 10. Case Management
Non-EMA, Non-Pima	1,104	811	661 (34.5%)	<ol style="list-style-type: none"> 1. Medical Care (appointments with Medical doctor or HIV specialist) 2. Health Insurance 3. Dental Care 4. Case Management (medical) 5. Medication Assistance 6. (tie) Housing assistance 6. (tie) Medical Transportation Assistance 7. Emergency Financial Assistance 8. (tie) Mental Health 8. (tie) Nutritional Counseling 9. Health Education/Risk Reduction
State of Arizona	7,909	7,024	5,974 (40.0%)	<ol style="list-style-type: none"> 1. Primary Medical Care 2. Medications 3. Health Insurance 4. Housing Assistance 5. Medical Transportation 6. Nutritional Counseling/Food Bank Services 7. Case Management 8. Mental Health Services 9. Emergency Financial Assistance 10. Oral Health Care