Access to the SFPT server for RFP YH21-0007 Medicaid School Based Claiming is restricted to potential Offerors who intend to bid on this solicitation. No other parties will be given access. Each Offeror is restricted to two (2) persons with access to the SFTP server; one primary and one back up. Each person requesting access shall be an employee of the potential Offeror and not a consultant or independent contractor.

|  |  |  |
| --- | --- | --- |
| 1 | Name |  |
| 2 | Title |  |
| 3 | Email Address |  |
| 4 | Phone number |  |
| 5 | Company Name |  |
| 6 | Company Address |  |
| 7 | Company website |  |

|  |  |
| --- | --- |
| **I attest that the following is true:** | Initials |
| My company (listed in box #5 above) has experience with third party administration related to claims processing and reimbursement, education, outreach, and support of federal and state Medicaid programs as described in this RFP.  |  |
| My company (listed in box #5 above) intends, or is considering its intent, to submit a bid for this RFP. |  |
| I understand that submittal of this form does not obligate my company to submit a bid. |  |
| I am an employee of my company (listed in box #5 above) and not a consultant or independent contractor. |  |
| I understand that it is my responsibility to ensure that the data in the SFTP server is shared only with employees of my company (not consultants or independent contractors) who need this information in order to create a proposal for this RFP, and that it is ONLY used for purposes of this RFP.  |  |
| I understand that it is my responsibility that any and all copies of the data retrieved from the SFTP server shall be destroyed after the award of this RFP.  |  |

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This form shall be submitted to** AHCCCSDataExchange@azahcccs.gov with copy to Procurement@azahcccs.gov.