The Deadline to submit the Intent to Bid form is: **April 1, 2024, 3:00 pm Arizona Time**

Each Offeror MUST SUBMIT AT LEAST ONE SIGNED INTENT TO BID FORM by the deadline in order to receive access to the AHCCCS Secure File Share (ASFS). FAILURE TO SUBMIT A sIGNED INTENT TO BID form by the due date will DISQUALIFY any potential Offeror FROM SUBMITTING A PROPOSAL FOR THE SOLICITATION. Access to the ASFS is restricted to two (2) individuals per Offeror. Each individual shall submit a separate Intent to Bid form and shall be an employee of the potential Offeror and not a consultant or independent contractor.

|  |  |  |
| --- | --- | --- |
|  | Name |  |
|  | Title |  |
|  | Email Address |  |
|  | Phone number |  |
|  | Legal Company/Entity Name under which proposal will be submitted |  |
|  | DBA Entity Name(s) |  |
|  | Company Address |  |
|  | Company website |  |

|  |  |
| --- | --- |
| **I attest that the following is true:** | Initials |
| My company and all staff associated with this RFP will hold all information or documents contained in ASFS as confidential, not to be disclosed to any entity or individuals outside the organization.  |  |
| My company (listed in box #5 above) has experience providing “Solicitation Services” 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 uploaded to ASFS is shared only with employees of my company (not consultants or independent contractors) who need this information 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 all copies of the data retrieved from ASFS shall be destroyed after the award of this RFP.  |  |

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

**This form shall be submitted to:** Procurement@azahcccs.gov

Once received, the individual listed will receive an email with access and instructions to the ASFS. If assistance is needed, please contact the assigned AHCCCS Procurement Specialist listed on the front page of the solicitation at Procurement@azahcccs.gov.