**The Deadline to submit the Intent to Bid form is August 31, 2023, by 3:00 PM Arizona Time**

Each Offeror MUST SUBMIT AN OFFEROR’S INTENT TO BID FORM by the deadline above in order to receive access to the AHCCCS Secure File Share (ASFS). FAILURE TO SUBMIT AN 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 individuals per Offeror**. Each individual requesting access shall be an employee of the potential Offeror and not a consultant or independent contractor.

Once received, AHCCCS will request access to ASFS for each individual and each individual will receive a ‘Welcome’ email from *AHCCCS ISD Customer Support* with instructions for activating an ASFS account. Each individual will be provided access to a folder for upload of its RFP Proposal and download access for download of the RFP Data Supplement file(s). Each individual shall send confirmation of access to RFPYH24-0001@azahcccs.gov.

|  |  |  |
| --- | --- | --- |
| **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 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**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If assistance is needed, contact the assigned AHCCCS Procurement Officer listed on the front page of the solicitation at RFPYH24-0001@azahcccs.gov.