

SECTION I: EXHIBITS
EXHIBIT A OFFEROR'S CHECKLIST

Contract/RFP No. YH14-0001

EXHIBIT A: OFFEROR'S CHECKLIST

The Offeror's Checklist must be submitted with the proposal and shall be the first pages in the binder. Offerors must submit all items below, unless otherwise noted.

The Offeror must complete the Offeror's Bid Choice Form, Section A1 identifying the program(s) for which the Offeror is submitting a proposal. In addition, when bidding on the Acute Care Program, the Offeror must indicate the Geographical Service Area(s) (GSAs) for which the Offeror is submitting a proposal.

In the column titled "Offeror's Page No.," the Offeror must enter the appropriate page number(s) from its proposal where the AHCCCS Evaluation Team may find the Offeror's response to the specified requirement.

A. GENERAL MATTERS

<i>Subject:</i>	<i>Page Number Reference</i>	<i>Offeror's Page No.</i>
Offeror's Checklist (<i>This Exhibit</i>)	Exhibit A	1 - 3
Offeror's Bid Choice Form (<i>Form provided below in this Exhibit and submitted with the checklist</i>)	See A1 below	N/A
Offeror's Signature Page	1 and 2	4 - 5
Signed Cover Sheets of Solicitation Amendments, if any	289	
Completion of all items in Section G: Representations and Certifications of Offeror	Section G	6 - #

A1: OFFEROR'S BID CHOICE FORM

ACUTE CARE PROGRAM	
<input type="checkbox"/> Checking this box indicates the Offeror is bidding on the <i>Acute Care Program</i> .	
_____ Offeror's Name	is bidding on the ACUTE Care Program in the GSAs checked below:
<input type="checkbox"/> GSA 2 Yuma, La Paz	
<input type="checkbox"/> GSA 4 Apache, Coconino, Mohave, and Navajo	
<input type="checkbox"/> GSA 6 Yavapai	
<input type="checkbox"/> GSA 8 Gila, Pinal	
<input type="checkbox"/> GSA 10 Pima, Santa Cruz	
<input type="checkbox"/> GSA 12 Maricopa	
<input type="checkbox"/> GSA 14 Graham, Greenlee, Cochise	
_____ Authorized Signature	_____ Date
_____ Print Name	_____ Title

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CHILDREN'S REHABILITATIVE PROGRAM	
<input type="checkbox"/> Checking this box indicates the Offeror is bidding on the <i>Children's Rehabilitative Program</i> .	
_____ Authorized Signature	_____ Date
_____ Print Name	_____ Title

NOTE: The "Requirement No." shown in Parts B, C, D, E, and F below refers to the **Submission Requirements** outlined in *Section H: Instructions to Offerors* of this RFP.

B. ATTESTATION

Attestation	Requirement No.	Offeror's Page No.
	1-34	

C. CAPITATION SUBMISSION

Capitation	Requirement No.	Offeror's Page No.
Acute Care Program Capitation Bid Submission Including Actuarial Certification	1	
CRS Program Capitation Bid Submission Including Actuarial Attestation	2	

D. EXECUTIVE SUMMARY AND DISCLOSURE

Executive Summary and Disclosure	Requirement No.	Offeror's Page No.
	1	
	2	

E. ACUTE CARE NARRATIVE SUBMISSIONS

Access to Care/Network	Requirement No.	Offeror's Page No.
	1	
	2	

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Contract/RFP No. YH14-0001

Program	Requirement No.	Offeror's Page No.
	3	
	4	
	5	
	6	

Organization	Requirement No.	Offeror's Page No.
	7	
	8	
	9	
	10	

F. CRS NARRATIVE SUBMISSIONS

Access to Care/Network - CRS	Requirement No.	Offeror's Page No.
	11	

Program - CRS	Requirement No.	Offeror's Page No.
	12	
	13	
	14	

Organization - CRS	Requirement No.	Offeror's Page No.
	15	