



## Department of Medicaid

**John R. Kasich**, Governor

**John B. McCarthy**, Director

**Ohio Department of Medicaid  
Drug Utilization Review Committee  
Request for Letters of Interest (RFLI)  
RFLI: R-1617-1002**

### **SECTION I. General Purpose**

#### **1.1 Purpose**

The Ohio Department of Medicaid (ODM) releases this Request for Letters of Interest (RFLI) for the purpose of obtaining up to eight qualified pharmacists to serve on ODM's Drug Utilization Review (DUR) Committee. Committee members provide clinical expertise that informs the ongoing administration of Ohio Medicaid's retrospective DUR program, which aims to improve the quality of prescribing for Ohio Medicaid patients by reviewing past claims. DUR Committee members are responsible for recommending appropriate DUR intervention activities to the DUR Director and for reviewing patient profiles to ensure adherence to appropriate drug utilization. Only letters of interest submitted by individuals licensed to practice pharmacy in Ohio will be considered.

For the purpose of this RFLI, "vendor" and "DUR Committee member" shall refer to qualified pharmacists submitting a letter of interest. ODM will only accept letters of interest from pharmacists that demonstrate their capability of providing services as described in this RFLI. The terms "contractor" or "selected vendor" may be used interchangeably in reference to a vendor selected by ODM through this RFLI. Any subsequent contract(s) expected to result from this RFLI will be a contract between the vendor and ODM.

ODM's Office of Clinical Quality and Research (OCQR) will designate a staff member as contract manager to provide ongoing supervision of the contractors selected through this RFLI process. The contract period will be from approximately July 1, 2015 through June 30, 2017, with the possibility of two renewal contracts that would be in effect from July 1, 2017 through June 30, 2021, contingent upon satisfactory performance, operational need, continued availability of funding, and all required approvals.

#### **1.2 Background**

Ohio's DUR program is a provider-oriented, educational outreach program designed to alert physicians, pharmacists and Medicaid recipients to inappropriate or medically unnecessary pharmacological care. The purpose of the program is to safeguard the health of Medicaid recipients, to assess the appropriateness of drug therapy and to reduce the frequency of fraud, abuse and gross overuse of prescribed drugs. State Medicaid programs are required to perform DUR functions under the Social Security Act, Section 1927(g) and Ohio Administrative Code 5160-9-04.

### 1.3 Overview of the Project

The DUR Committee consists of up to eight pharmacists who meet monthly to evaluate patient claim profiles as part of a focused DUR process, and help ODM determine specific review criteria for interventions deemed necessary to ensure adherence to appropriate drug utilization. The Committee is chaired by a DUR Director selected by ODM. The Committee reviews selected Medicaid patient profiles and, when appropriate, recommends specific intervention(s). Intervention letters may be sent to the prescriber, patient, and/or pharmacy. DUR Committee members may also refer specific patients or providers that they believe need a more detailed review to ODM's pharmacy program integrity staff.

## SECTION II. Timeline and Submission Details

### 2.1 Time/Date and Format of Submission

Vendors who are interested in submitting applications, ODM must receive the submission no later than **11:59 p.m. Eastern (local) Time** April 9, 2015. Vendor responses for RFLIs must be submitted by email to the following address: [ODM\\_Bid-Request@medicaid.ohio.gov](mailto:ODM_Bid-Request@medicaid.ohio.gov).

All completed submissions must be received by ODM by the above date and time. Materials received after the submission deadline date will not be added to previous submissions, nor be considered responsive to this RFLI. Delivery confirmation will be provided for received responses via email by the close of business the next business day. ODM is not responsible for responses not received due to technical issues that prevent delays in the receipt of responses.

Vendors must convert electronic submissions into one (1) .pdf document. If the submission's size necessitates more than a single .pdf document to contain the entire response, please use the fewest separate .pdf documents possible. The Vendor's total response submission must be received by the Office of Contracts and Procurement (OCP) in accordance with this Section. All responses must contain the Vendor's name, the RFLI number, and the submission date.

Submission of a response indicates acceptance by the vendor of the conditions contained in this RFLI, unless clearly and specifically noted in the response submitted and confirmed in the contract between ODM and the vendor selected.

### 2.2 Anticipated Procurement Timetable

DATE	EVENT/ACTIVITY
March 9, 2015	ODM Releases RFLI to Potential vendors on Department of Administrative Services (DAS)/ODM Web Sites; Question & Answer (Q&A) Period Opens; - RFLI becomes active; and - Vendors may submit inquiries for RFLI clarification.
March 24, 2015	Vendor Q&A Period Closes, 8 a.m. (for inquiries for RFLI Clarification) - No further inquiries for RFLI clarification will be accepted.
April 9, 2015	<b>Deadline for vendors to Submit letters of interest to ODM (11:59 p.m.)</b> - The opening date starts the next business day, beginning the ODM process of letter of interest review. <b>LATE LETTERS OF INTEREST WILL NOT BE CONSIDERED. THERE WILL BE NO EXCEPTIONS MADE.</b>

April 16, 2015	ODM Issues Contract Award Notification Letter (estimated) - Vendors that submitted letters of interest in response to this RFLI will be sent letters stating whether their letter of interest was accepted for award of the contract
----------------	---

ODM reserves the right to revise this schedule in the best interest of the State of Ohio and/or to comply with the State of Ohio procurement procedures and regulations and after providing reasonable notice.

In accordance with Ohio Revised Code (ORC) Section 126.07, ODM contracts are not valid and enforceable until the Office of Budget and Management (OBM) certifies the availability of appropriate funding, as indicated by the approval of the Purchase Order (PO). The selected vendor may neither perform work nor submit an invoice for payment for work performed for this project for any time period prior to the PO approval date. The ODM contract manager will notify the selected vendor when the requirements of ORC Section 126.07 have been met.

ODM reserves the right to revise this schedule in the best interest of the state of Ohio and/or to comply with the state of Ohio procurement procedures and regulations and after providing reasonable notice.

### 2.3 Internet Q & A Period; RFLI Clarification Opportunity

Interested parties may ask clarifying questions regarding this RFLI via the Internet during the Q & A Period as outlined in Section 2.2, Anticipated Procurement Timetable. To ask a question, interested parties must use the following Internet process:

1. Access the ODM Web Page at <http://medicaid.ohio.gov>;
2. Go to the "Resources" tab and select "Legal and Contracts";
3. Select "RFPs", under "Current Solicitation", select the appropriate posting;
4. Select the "Submit Inquiry" option button; and
5. Provide requested information and submit question.

Questions to this RFLI must reference the relevant part of this RFLI, the heading for the provision under question, and the page number of the RFLI where the provision can be found. The name of the interested party, phone number, and e-mail address must be provided to submit an inquiry. ODM may, at its option, disregard any questions which do not appropriately reference an RFLI provision or location within the RFLI, or which do not include identification for the originator of the question. ODM will not respond to any questions submitted after **8:00 a.m.** on the date that the Q & A period closes.

ODM responses to all questions asked via the Internet will be posted on the Internet web site dedicated to this RFLI, for references by all potential applicants. Clarifying questions asked, and ODM responses to them comprise the "ODM Q & A Document" for this RFLI. **It is the responsibility of all potential applicants to check this site on a regular basis for responses to questions, as well as for any amendments or other pertinent information regarding any RFLI.**

Requests for copies of any previous RFLIs or for past DUR Committee contracts for this or similar past projects, are Public Records Requests (PRRs) and should be submitted to: [legal@medicaid.ohio.gov](mailto:legal@medicaid.ohio.gov).

**Please Note:** PRRs are not a part of the RFLI Q&A process and the OCP cannot dictate the timeline for a response of these requests.

## SECTION III. Qualifications

### 3.1 Mandatory Qualifications and Experience

In order to be considered for the contract expected to result from this RFLI, ODM requires that interested vendors **MUST** meet, at minimum, **ALL** the following requirements:

- A. Interested individuals must be licensed to practice pharmacy in Ohio and have experience with drug utilization review. Vendors are required to include a copy of their **current Ohio pharmacy license** with their letter of interest.
- B. Interested individuals must also provide, at minimum, all of the following:
  - 1. Curriculum vitae or resume outlining relevant experience.
  - 2. Statement of the pharmacist's experience with retrospective DUR.
  - 3. Description of experience with the Medicaid program (not necessarily Ohio's Medicaid program).
  - 4. Description of experience participating on a Medicaid or other health payer DUR committee, Pharmacy and Therapeutics committee, or similar kind of committee.
  - 5. An affirmation that the individual will be able to attend monthly DUR Committee meetings for approximately two (2) hours per month.
  - 6. If the vendor is an Ohio certified Minority Business Enterprise (MBE), a photocopy of their current certification letter.

**Sensitive Personal Information:** It is the responsibility of the Vendor submitting a response to remove all personal confidential information (such as home addresses and social security numbers, other than the information required in Attachment A) of Vendor staff and/or of any subcontractor and subcontractor staff from curriculum vitae(s) or any other part of the response package. Following submission to ODM, all responses submitted become part of the public record. Any Vendor who provides this information shall be disqualified.

**Letters of interest that do not meet all the above qualifications and experience will be disqualified from further consideration.**

#### **SECTION IV. Scope of Work and Deliverables**

##### **4.1 Scope of Work**

Retrospective DUR involves evaluating patterns of drug therapy either concurrent with therapy or after a Medicaid patient has completed therapy. Interventions may be necessary in specific cases and may be in the form of letters, newsletters, bulletins or medical literature to Medicaid providers and/or recipients. The retrospective DUR intervention program is aimed at improving the quality of care for patients who are at risk of drug-induced illness, potential drug over-utilization or under-utilization, and the monitoring of physicians' prescribing patterns.

DUR Committee members are required to attend monthly meetings at ODM, 50 West Town Street, Columbus, Ohio, on a day and time selected by the ODM contract manager and agreed to by the majority of the Committee members. In prior contract periods, meetings have been held at 9:00 a.m. on the second Tuesday of each month.

##### **4.2 Specifications of Deliverables**

The contracted services shall include, but may not be limited to, the following:

- A. Attend monthly meetings for approximately two hours at ODM, 50 West Town Street, Columbus, Ohio, 43215, on a date and time identified by the ODM Contract Manager.
- B. Perform work activities during monthly meetings that include but are not limited to:
  - 1. Review Medicaid recipient drug history profiles for specific drug therapy problems as defined by the DUR Board.
  - 2. Suggest revisions to the provider letter and response form drafted by the DUR Director.
  - 3. Review and recommend changes to newsletters and bulletins drafted by the DUR Director.
  - 4. Identify and recommend appropriate Medicaid provider and/or recipient interventions.
  - 5. Recommend therapeutic exception criteria.
  - 6. Conduct re-reviews of previous drug therapy problems to calculate cost savings resulting from intervention.
- C. The selected vendor(s) must be able to begin work no later than seven (7) business days after the time funds are encumbered and approved by the Office of Budget & Management. The selected vendor(s) will be notified by the ODM Contract Manager when work may begin. Any work begun by the vendor prior to this notification will NOT be reimbursable by ODM.

## **SECTION V. Compensation**

### **5.1 Compensation**

DUR Committee members will be compensated for attendance and participation in monthly meetings at a flat rate of \$150.00 per meeting attended. No separate travel expenses or any other type of expenses will be paid under the contract to result from this RFLI.

## **SECTION VI. Miscellaneous Conditions**

### **6.1 Trade Secrets Prohibition; Public Information Disclaimer**

Prospective vendors are prohibited from including any trade secret information as defined in ORC 1333.61 in their responses to this ODM RFLI. ODM shall consider all responses voluntarily submitted in response to any ODM RFLI to be free of trade secrets and such applications shall, in their entirety, be made a part of the public record.

All letters of interest and any other documents submitted to ODM in response to this RFLI shall become the property of ODM. After the selection of the contractor(s), any documents submitted in response to an RFLI are deemed to be public records pursuant to ORC 149.43.

Any applications submitted in response to any ODM RFLI, that make claims of trade secret information shall be disqualified from consideration immediately upon the discovery of such unallowable claim.

## **6.2 Ethical and Conflict of Interest Requirements**

- A. No vendor or individual, company or organization seeking a contract shall promise or give to any ODM employee anything of value that is of such character as to manifest a substantial and improper influence upon the employee with respect to his or her duties;
- B. No vendor or individual, company or organization seeking a contract shall solicit any ODM employee to violate any of the conduct requirements for employees;
- C. Any selected vendor acting on behalf of ODM shall refrain from activities which could result in violations of ethics and/or conflicts of interest. Any selected vendor or potential vendor that violates the requirements and prohibitions defined here or of Section 102.04 of the ORC is subject to termination of the contract or refusal by ODM to enter into a contract; and
- D. ODM employees and grantees who violate Sections 102.03, 102.04 2921.42 or 2921.43 of the ORC may be prosecuted for criminal violations.

## **6.3 Health Insurance Portability & Accountability Act (HIPAA) Requirements**

As a condition of receiving a contract from ODM, the selected vendor will be required to comply with 42 U.S.C. Sections 1320d through 1320d-8, and to implement regulations at 45 C.F.R. Section 164.502 (e) and Sections 164.504 (e) regarding disclosure of protected health information under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Protected Health Information (PHI) is information received by the selected vendor from or on behalf of ODM that meets the definition of PHI as defined by HIPAA and the regulations promulgated by the United States Department of Health & Human Services, specifically 45 C.F.R. Section 164.501 and any amendments thereto. The selected vendor can reasonably anticipate HIPAA language in the contract that results from this RFLI.

## **6.4 Evaluation Process**

Letters of interest will be collectively reviewed and evaluated by a Review Team appointed by ODM. The evaluation process will be based upon whether the vendor meets the requirements for Qualifications (Section III), Scope of Work and Specifications of Deliverables (Section IV), acceptable criteria exceeding the minimum qualifications within the scope of Sections III and IV, and the order in which the qualified responses were received.

## **6.5 Final Selection**

ODM may recommend for selection as many or as few applicants as budget and successful letters of interest allow. Results from an interview (if appropriate) will be considered if necessary, to clarify application information.

## **6.6 Protests**

Any potential, or actual, vendor objecting to the award of a contract resulting from the issuance of this RFLI may file a protest of the award of the contract, or any other matter relating to the process of soliciting the letters of interest. Such a protest must comply with the following guidelines:

- A. A protest may be filed by a prospective or actual responder objecting to the award of a contract resulting from this RFLI. The protest shall be in writing and shall contain the following information:
1. The name, address, and telephone number of the protestor;
  2. The name and number of the RFLI being protested;
  3. A detailed statement of the legal and factual grounds for the protest, including copies of any relevant documents;
  4. A request for a ruling by ODM;
  5. A statement as to the form of relief requested from ODM; and
  6. Any other information the protestor believes to be essential to the determination of the factual and legal questions at issue in the written protest.
- B. A timely protest shall be considered by ODM, if it is received by OCP within the following periods:
1. A protest based on alleged improprieties in the issuance of the RFLI or any other event preceding the closing date for receipt of responses which are apparent or should be apparent prior to the closing date for receipt of responses shall be filed no later than 4:00 p.m. the closing date for receipt of responses, as specified in Section 2.1, Anticipated Procurement Timetable, of this RFLI.
  2. If the protest relates to the announced intent to award a contract, the protest shall be filed no later than 3:00 p.m. of seventh (7th) calendar day after the issuance of formal letters sent to all responding vendors regarding the State's intent to make the award. The date on these ODM letters to responding vendors is the date used to determine if a protest regarding the intent to award is submitted by the end of the protest period.
- C. An untimely protest may be considered by ODM if ODM determines that the protest raises issues significant to the department's procurement system. An untimely protest is one received by OCP after the time periods set forth in Item B. of this section.
- D. All protests must be filed at the following location:
- Deputy Director  
Office of Contracts and Procurement  
Ohio Department of Medicaid  
50 West Town Street  
Columbus, Ohio 43215
- E. When a timely protest is filed, a contract award shall not proceed until a decision on the protest is issued or the matter is otherwise resolved, unless the Director of ODM determines that a delay will severely disadvantage the Department. The vendor(s) who would have been awarded the contract shall be notified of the receipt of the protest.

- F. OCP shall issue written decisions on all timely protests and shall notify any vendor who filed an untimely protest as to whether or not the protest will be considered.

## **6.7 State Contracts**

Responses must list any current contracts the Vendor has with State of Ohio agencies and universities/colleges. The list must indicate the purpose of the contract, the amount of the contract, the time period covered by the contract, and the percent of the project completed. Vendors must provide this information, and all other requested information listed in the “**Required Vendor Information and Certifications**” Form provided as **Attachment A**.

**ODM is under no obligation to issue a contract as a result of this solicitation if, in the opinion of ODM, none of the letters are responsive to the objectives and needs of the Department. ODM reserve the right not to select any vendor should ODM decide not to proceed.**

Thank you for your interest in this project. Attachment A follows this page.

# **Attachment A**

**Attachment A consists of 2 distinct and different sections. Both sections must be completed and included in Tab 1 of the proposal.**

**Section I – Required Vendor Information**

**Section II - Location of Business Form**

Attachment A—Section I.

**REQUIRED VENDOR INFORMATION and CERTIFICATIONS**

**Purpose:** ODM requires the following information on vendors who submit proposals or bids in response to any ODM Requests for Proposals (RFPs) or Requests for Letterhead Bids (RLBs), in order to facilitate the development of the contract (or finalization of a purchase) with the selected vendor. ODM reserves the right to reject your proposal if you fail to provide this information fully, accurately, and by the deadline set by ODM. Further, some of this information (as identified below) **must** be provided in order for ODM to accept and consider your proposal\bid. **Failure to provide such required information will result in your proposal’s immediate disqualification.**

**Instructions:** Provide the following information regarding the vendor submitting the proposal or bid. Vendors may either print this attachment, complete and sign it, or may provide the required information and certifications (each fully re-stated from this attachment) on their letterhead as the opening pages of their proposals. It is mandatory that the information provided is certified with an original signature (in blue ink, please) from a person with authority to represent the vendor. Vendors are to provide the completed and signed information and certifications as the cover pages of their original proposal submitted to ODM.

**IMPORTANT:** If the RFP\RLB specified a maximum page limit for vendor proposals\bids, the attachment of any required certifications, other documents, or additional pages needed to fully provide the information requested here will **NOT** be counted against that page limit.

**Vendors must provide all information**

<b>1. ODM RFP/RLB #:</b>	<b>2. Proposal Due Date:</b>
<b>3. Vendor Name:</b> (legal name of the vendor – person or organization – to whom contract\purchase payments would be made)	
<b>3a. Vendor’s Ohio Administrative Knowledge System (OAKS) ID#:</b> [Vendors may apply for an OAKS vendor ID# at: <a href="http://ohiosharedservices.ohio.gov/Vendors.aspx">http://ohiosharedservices.ohio.gov/Vendors.aspx</a> . The necessary forms to be completed and remitted to Ohio Shared Services are the Vendor Information Form (OBM-5657) and the IRS Form W-9. Completion and/or submission of these forms to Ohio Shared Services <u>does not</u> assume a vendor/applicant award of any ODM contract\grant.]	
<b>4. Vendor Corporate Address:</b>	<b>5. Vendor Remittance Address:</b> (or “same” if same as Item # 5)
<b>6. Print or type information on the vendor representative/contact person <u>authorized to answer questions on the proposal\bid</u>:</b>  <b>Vendor Representative NAME and TITLE:</b> <b>Address:</b> _____ <b>E-Mail Address:</b> _____ <b>Phone #:</b> _____ <b>Fax #:</b> _____	
<b>7. Print or type the name of the vendor representative <u>authorized to address contractual issues, including the authority to execute a contract on behalf of the vendor, and to whom legal notices regarding contract termination or breach, should be sent</u> (if not the same individual as in #7, provide the following information on each such representative and specify their function):</b>  <b>Vendor Representative NAME and TITLE:</b> <b>Address:</b> _____ <b>E-Mail Address:</b> _____ <b>Phone #:</b> _____ <b>Fax #:</b> _____	
<b>8. Is this vendor an Ohio certified MBE? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach a copy of current certification to proposal\bid. (IF ODM has specified the RFP\RLB\purchase document as an opportunity open exclusively to Ohio Certified MBEs, then failure to attach a copy of current certification WILL RESULT IN DISQUALIFICATION.)</b>	

**9. Mandatory Vendor Certifications:**

ODM may not enter into contracts with/make purchases from any vendors who have been found to be ineligible for state contracts under specific federal or Ohio statutes or regulations. Vendors responding to any ODM RFP\RLB or other purchase opportunity MUST certify that they are NOT INELIGIBLE by signing each of the three statements below. **Failure to provide proper affirming signature on any of these statements will result in the disqualification of your proposal\bid.**

I \_\_\_\_\_ (signature of representative shown in Item # 7, above) hereby certify and affirm that \_\_\_\_\_ (name of the vendor shown in Item # 3, above), has not been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in transactions by the United States Department of Labor, the United States Department of Health and Human Services, or any other federal department or agency as set forth in 29 CFR Part 98, or 45 CFR Part 76, or other applicable statutes.

AND

I \_\_\_\_\_ (signature of representative shown in Item #7, above) hereby certify and affirm that \_\_\_\_\_ (name of the vendor shown in Item # 3, above), is not on the list established by the Ohio Secretary of State, pursuant to ORC Section 121.23, which identifies persons and businesses with more than one unfair labor practice contempt of court finding against them.

AND

I \_\_\_\_\_ (signature of representative shown in Item #7, above) hereby certify and affirm that \_\_\_\_\_ (name of the vendor shown in Item # 3, above), either is not subject to a finding for recovery under ORC Section 9.24, or has taken appropriate remedial steps required under that statute, or otherwise qualifies under that section to enter into contracts with the State of Ohio.

**10. Equal Employment Opportunity Information on the Vendor and any Subcontractor(s)**

A. Provide vendor employee data both nationwide (including Ohio staff), and Ohio office employees separately:

	Nationwide:	Ohio Offices:
<b>Total Number of Employees:</b>	_____	_____
<b>% of those who are Women:</b>	_____	_____
<b>% of those who are Minorities:</b>	_____	_____

B. If you are the selected vendor, will you subcontract any part of the work?

NO -or-  YES, but for less than 50% of the work -or-  YES, for 50% or more of the work

If yes, provide the following information on each subcontractor (additional pages may be added as needed):

**Subcontractor Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Work To Be** \_\_\_\_\_

**Performed:** \_\_\_\_\_

(a brief description) \_\_\_\_\_

**Subcontractor's Estimated Percentage of Total Project (in % of work, not % of dollars):** \_\_\_\_\_

**If 50% or more of the work will be subcontracted, then ALSO provide the following information on ALL proposed subcontractors:**

	Nationwide:	Ohio Offices:
<b>Total Number of Employees:</b>	_____	_____
<b>% of those who are Women:</b>	_____	_____
<b>% of those who are Minorities:</b>	_____	_____

C. Identify all state contracts which the vendor has had approved by the Controlling Board since the beginning of the last fiscal year (i.e., since July 01, 2011) through this fiscal year to date. Also include contracts approved for ODM or institutions of higher education:



**Attachment A—Section II.**

**Location of Business Form**

Pursuant to Governor’s Executive Order 2011-12K ([www.governor.ohio.gov](http://www.governor.ohio.gov)), no public funds shall be spent on services provided offshore. This form serves as a certification of compliance with this policy and required disclosures. Please answer the following questions about the project or service you are seeking to perform for or the funding for which you are applying from the Ohio Department of Job and Family Services:

1. Principal location of business of Contractor:

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

Name/Principal location of business of subcontractor(s):

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)

2. Location where services will be performed by Contractor:

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

Name/Location where services will be performed by subcontractor(s):

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)

3. Location where state data will be stored, accessed, tested, maintained or backed-up, by Contractor:

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address, City, State, Zip)

Name/Location(s) where state data will be stored, accessed, tested, maintained or backed-up by subcontractor(s):

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)

4. Location where services to be performed will be changed or shifted by Contractor:

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address, City, State, Zip)

Name/Location(s) where services will be changed or shifted to be performed by subcontractor(s):

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)

**By signing below, I hereby certify and affirm** that I have reviewed, understand, and will abide by the Governor's Executive Order 2011-12K. I attest that no funds provided by ODM for this project or any other agreement will be used to purchase services provided outside the United States or to contract with a subcontractor who will use the funds to purchase services provided outside the United States. I will promptly notify ODM if there is a change in the location where any of the services relating to this project will be performed. If I am signing this on behalf of a company, business, or organization, I hereby acknowledge that I have the authority to make this certification on behalf of that entity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Entity Name

\_\_\_\_\_  
Address (Principal place of business)

\_\_\_\_\_  
Printed name of individual authorized  
to sign on behalf of entity

\_\_\_\_\_  
City, State, Zip