



Request for Proposals

25RFP002

Implementing Ending the HIV Epidemic (EHE) Strategies

Issued 10/03/2024

280 South Decatur Boulevard
Las Vegas, Nevada 89107

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SECTION I - INTRODUCTION

A. Purpose

The Southern Nevada Health District (“Health District”) requests proposals from experienced community-based organizations (“CBOs”) to provide services to improve the health of populations disproportionately impacted by HIV/AIDS and other STIs in Clark County by implementing the Centers for Disease Control and Prevention (CDC) “Ending the HIV Epidemic” strategies (“Project”).

B. Entity Information

The Health District was created in 1962 when the State Legislature combined the health departments of the county and several adjoining cities. The Health District is one of the largest local public health organizations in the United States, serving more than 2.3 million residents and safeguarding the public health of more than 40 million visitors to Las Vegas annually.

The mission of the Health District is, “To assess, protect, and promote the health, the environment, and the well-being of southern Nevada communities, residents, and visitors.”

The Health District is governed by the Southern Nevada District Board of Health (Board). The Board is vested with jurisdiction over all public health matters within Clark County, Nevada.

C. Anticipated Funding

1. Any contract awarded under this RFP will be funded through a 5-year federal grant award received from the Department of Health and Human Services, CDC, FAIN 1 NU62PS924828-01-00, CFDA 93.940, project title, Nevada Statewide HIV Surveillance, Prevention and Ending the HIV Epidemic programs for Health Departments, grant award date 07/17/2024.
2. Any awarded contract will be subject to the availability of funding annually renewed through the award cycle and shall be immediately terminated if any funding budgeted for the contract is withdrawn, limited, or impaired.

D. Anticipated Contract Type and Term

Any awarded contract will be a “requirements” contract for the services specified for the Project period currently estimated to be 01/01/2025 - 05/31/2025.

E. Subcontracting

Subcontracting must be preapproved by the Health District.

F. Ethics in Procurement

It is unlawful for any Proposer to offer, or any employee of the Health District or their immediate family to solicit or accept a gratuity in connection with the solicitation, award, or administration of any Health District contract or purchase order.

SECTION II - SCOPE OF SERVICES

A. Project Description

Background - An estimated 1.2 million people are living with HIV in the U.S. Roughly 13% of them do not know their HIV status. In 2022, there were 535 new HIV diagnoses in Nevada. In 2021, nearly 91% of new diagnoses in Nevada were in Clark County. Clark County is identified as one of 48 priority jurisdictions in the U.S. targeted for utilization of “Ending the HIV Epidemic” (“EHE”) initiatives. EHE initiatives scale up science-based strategies that work toward ending the HIV epidemic. The four EHE strategies are Diagnose, Treat, Prevent, and Respond. This RFP aims to contribute to the goals outlined in the [Ending the HIV Epidemic Plan](#).

Nevada faces significant challenges in combating HIV and STI infections, with rates consistently ranking among the highest in the nation. Nevada is: fifth (5th) for new diagnosis of HIV; eighth (8th) in prevalence for HIV; seventeenth (17th) for chlamydia; tenth (10th) for gonorrhea; eighth (8th) for primary and secondary syphilis, with a rate of 28.4 per 100,000; and eighth (8th) for congenital syphilis. Factors such as limited access to healthcare, lack of primary and infectious disease medical providers, high rates of substance use, national reductions in STI funding, and insufficient sex education contribute to the prevalence of these infections.

Project Approach - Selected CBOs will use a status neutral approach in offering HIV testing efforts that support equitable access to screening for populations at greater risk for HIV and STIs and/or that are medically underserved or live in low resource/high burden areas in Clark County. The Health District will seek to enhance or build CBOs’ abilities to screen and refer clients for HIV/STI treatment. To address Clark County’s health disparities related to screening access and in keeping with the data driven approach, the Health District will prioritize CBOs that serve at least one priority population (e.g., LGBTQIA+, Black/African American, Latino/Hispanic, people experiencing homelessness or people who use drugs).

CBOs’ proposals should describe a syndemic approach that includes assessing clients for referral to supportive services including STI/viral Hepatitis education, prevention and treatment referrals and outreach, substance use disorder (SUD) related education or referrals, mental health referrals, harm reduction education/services, and other services that promote access to care for populations at greater risk for co-occurring conditions.

RFP Priorities

- Increase knowledge of HIV and other STIs status
- Reduce transmission of HIV and other STIs
- Prevent new HIV infections and STIs
- Improve linkage to care and viral suppression

Project Location - CBOs will provide testing and other services at their locations.

Project Equipment - CBOs will furnish their own equipment (e.g., computers, software, iPads, printers) to facilitate data collection.

Award Amount - CBOs may request up to \$125,000.

B. Tasks and Activities

1. HIV Point-of-Care (POC) Testing - Selected CBOs shall provide HIV rapid POC testing utilizing a status neutral approach. CBOs must provide prevention counseling and referrals for PrEP, PEP, and other applicable support services to all clients with non-reactive (negative) tests. CBOs must confirm initial reactive (positive) tests using rapid POC tests from different manufacturers (from the positive tests). CBOs must provide treatment counseling and referral to Rapid Start treatment providers to all clients with second/confirmed reactive tests. CBOs may include the cost of tests (rapid kits and controls), medical supplies, Waived HIV Test Only Laboratory licenses, and Clinical Laboratory Improvement Amendments waivers in their proposed budgets. The Health District may provide additional rapid POC tests if funds are available.
2. Linkage to Medical Care - CBOs must successfully link all clients who test HIV positive to HIV medical care within 30 days of confirmed diagnoses. CBOs that do not provide HIV medical care must have memoranda of understanding (MOUs) with the referred agencies to verify that clients were linked to such care. Releases of Information to verify follow-up of linkage will be required.
3. HIV Reporting Requirements - CBOs must report reactive tests to the Health District within 24 hours. CBOs that provide only the initial (one) rapid POC test to clients, must refer clients to other providers of clients' choice to obtain confirmation (second) tests. (Also see Section II.D Reporting Requirements.)
4. HIV Prevention - CBOs must provide counseling on risk reduction methods and distribute safer sex kits and harm reduction supplies to all tested clients.
5. STI Screening - CBOs must offer additional STI screening. CBOs may collaborate with other agencies that offer STI screening services to fulfill this requirement.
6. Tabletop Exercise - CBOs must participate in a biannual tabletop exercise for cluster detection response planning facilitated by the Health District's Office of Disease Surveillance (ODS).
7. Training - CBOs must require their staff to attend and complete the Health District's *The Empower Change Testing and Counseling Training Program for Rapid HIV Testing*, PrEP/PEP training, harm reduction training, and i circle (ODS's electronic system) training.
8. Data Collection Methods and Standards - CBOs must utilize ODS data collection methods and adhere to Health Insurance Portability and Accountability Act (HIPPA)/Data Security standards.
9. National Conferences - When funding permits, CBOs must send staff to the National HIV Prevention Conference or the U.S. Conference on HIV and AIDS, depending upon which conference is offered during the Project period. Proposed budgets must include all travel.
10. Group Participation - CBOs must actively participate in the Southern Nevada HIV Consortium Group and the Southern Nevada HIV Prevention Planning Group to increase awareness and enhance the planning of High Impact Prevention testing strategies and events.
11. Site Visits - CBOs must participate in a site visit by 03/15/2025 to discuss Project deliverables and fiscal (billing) progress.

12. Promote Testing - CBOs must promote their on-site testing services through various modalities including social media, websites, print, and radio. All developed promotional materials related to/funded through this RFP must include an attestation statement provided by the Health District.
13. Condom Distribution - CBOs must include their methods for distributing condoms to persons at risk for HIV/STIs. Proposed budgets must include a line item for condoms and lubricants.

C. Key Deliverables

1. Number of tests conducted (the goal is 3,500 tests annually)
2. Number of clients linked to PrEP, HIV care treatment, and other services
3. Number clients linked to PrEP
4. Number clients linked to HIV care
5. Number of clients linked to other services (list services)
6. Number of condoms distributed
7. Number of harm reduction kits distributed

D. Reporting Requirements

CBOs must submit the following to ODS:

1. Testing data reported as collected if using i circle, or monthly by the 10th day of the following month via email if using internal EMRs to collect key data. ODS will provide a report template to CBOs and will train CBOs to use i circle.
2. An activity report by 03/15/2025.
3. A condom distribution report by 03/15/2025.
4. A final report reflecting activities for the entire contract period on/before 06/15/2025.

SECTION III - TIMETABLE AND PROVISIONS

A. Timetable

RFP Issuance.....	10/03/2024
Deadline to Submit Questions	10/10/2024
Deadline to Disseminate Questions and Answers	10/14/2024
Deadline to Submit Proposals.....	11/01/2024
Evaluations Completed.....	11/08/2024
Notification of Intent to Award.....	11/12/2024
Anticipated Contract Start Date.....	01/01/2025

B. Authorized Contacts

1. The RFP Authorized Contacts are Kevin Bratcher and Dianne Haddix. All questions about this RFP from RFP Issuance to Notification of Intent to Award shall be directed only to Kevin Bratcher or Dianne Haddix at procurement@snhd.org. No other person, unless authorized in this RFP or by written addendum issued by Kevin Bratcher or Dianne Haddix, has the authority to respond to questions about this RFP.
2. Communication about this RFP with anyone associated with the Health District other than an Authorized Contact is prohibited. **Proposals will be rejected for noncompliance with this prohibition.**

C. Questions

1. Written questions about this RFP must be submitted via email to procurement@snhd.org by **2:00 p.m. PDT on 10/10/2024**. Indicate “25RFP002 Questions” in the email subject line.
2. Written questions and the corresponding answers will be posted to [SNHD's Public Notices website](#) by 5:00 p.m. PDT on 10/14/2024.

D. Proposal Submission

1. Proposal documents as outlined in Section IV.B must be emailed to procurement@snhd.org. Indicate “25RFP002 Proposal” in the email subject line.
2. Mailed, hand-carried or faxed proposals, or hyperlinks to proposals will not be accepted.

E. Deadline to Submit Proposals

Proposals are due by **2:00 p.m. PDT on 11/01/2024**.

F. Late Proposals

Proposals submitted after **2:00 p.m. PDT on 11/01/2024** will be rejected as late.

SECTION IV - REQUIREMENTS

A. Proposer Qualifications

To be eligible to submit a proposal, Proposer (CBO) must:

1. Have a valid Nevada business license or evidence of valid exemption per NRS.
2. Have a valid Waived HIV Test Only Laboratory license.
3. Have a valid Clinical Laboratory Improvement Amendment (CLIA) waiver to conduct Rapid HIV testing.
4. Have an **active** sam.gov registration.
5. Have been providing services like those outlined in [Section II - Scope of Services](#) regularly and continuously for at least five (5) years.
6. Demonstrate through Proposer's financial records (annual budget and financial statements) that it has the resources to meet the RFP requirements.

B. Proposal Preparation and Submission

Complete and submit the following as indicated:

1. Technical Proposal (as one PDF)

TAB 1 - Cover Letter, Required Documents and Statements

- a. Submit a cover letter on Proposer's letterhead signed by a legally authorized representative including Proposer's name, address, phone number, email address, website URL; the RFP number and name; and a brief statement of interest.
- b. Complete and submit [Attachment A - Proposal Form](#).
- c. Complete and submit [Attachment C - Profile Questionnaire](#).
- d. Provide a copy of Proposer's valid Nevada business license or evidence of valid exemption.
- e. Provide a copy of Proposer's valid Waived HIV Test Only Laboratory license.
- f. Provide a copy of Proposer's valid CLIA waiver to conduct Rapid HIV testing.
- g. Provide a copy of Proposer's **active** sam.gov registration.
- h. Provide an affirmative statement that Proposer is not excluded or debarred from doing business with any local, state, or federal government agency.
- i. Provide an affirmative statement that Proposer, officers, and affiliates are independent of and not related to the Health District or its operations.
- j. Provide an affirmative statement that no conflict of interest exists between Proposer, officers, and affiliates and the Health District or its operations.
- k. Provide a statement disclosing or denying any interest, financial or otherwise, that any employee or official of the Health District or of its governing or advisory boards may have in Proposer's firm or in the Project.

- l. Provide a statement disclosing all litigation, mediation, arbitration, or other alternate dispute resolution procedures involving Proposer, officers, and affiliates in the past five (5) years.
- m. Provide a statement disclosing all complaints filed with any state regulatory bodies or professional organizations against Proposer, officers, and affiliates.
- n. Provide a list of exceptions to any RFP specifications or requirements and the proposed alternatives. The Health District reserves its right to reject any proposed alternative.

TAB 2 - Background and Experience

- a. Describe and provide examples of Proposer's demonstrated experience providing services like those outlined in [Section II - Scope of Services](#).
 - 1) Describe Proposer's current ability to meet the volume of testing required for this RFP. Provide testing data for calendar year 2023.
 - 2) Describe Proposer's target population and how Proposer markets testing to the community.
- b. Provide a minimum of three (3) client references for similar services provided by Proposer in the past five (5) years that demonstrate Proposer's ability to meet the RFP requirements. Include contract dates, amounts, and contact info (name, address, phone, and email).
- c. Describe and provide resumes of Proposer's proposed Project Team.

TAB 3 - Methodology and Approach

- a. Detail proposed strategies, activities, and timeline for completing the RFP Scope of Services.
- b. Detail proposed Project deliverables.
- c. Describe direct, tangible results of your proposed activities.

2. Budget

- a. Complete and submit (**as Excel workbook provided**) [Attachment B - Budget Template](#).
- b. Provide a detailed budget for the Project period 01/01/2025 - 05/31/2025 including only: (1) personnel; (2) operating; (3) travel; (4) training; (5) other expenses; and (6) indirect (automatically calculated at 10% of the sum of budget categories 1 - 6). Indicate "None" for any budget category not requested.

3. Financial Records

- a. Provide a copy of Proposer's most recent annual budget (as one PDF).
- b. Provide a copy of Proposer's **complete financial statements** (e.g., Statement of Financial Position (Balance Sheet), Statement of Activities (Income Statement), Statement of Cash Flows) for your most recent fiscal year including related audit reports if financial statements were audited (as one PDF).

C. Proposer Representations and Certifications

1. Proposer has read and understands the RFP documents, makes its proposal in accordance therewith, and agrees with and will abide by the RFP terms and conditions.
2. Proposer has not communicated about this RFP or its proposal with anyone associated with the Health District in any capacity other than an RFP Authorized Contacts.
3. Proposer's proposal was derived independently and without collusion.
4. Proposer shall comply with all applicable federal, state, and local laws, regulations and ordinances whether explicitly stated, including but not limited to the Federal Civil Rights Act of 1964, the Equal Employment Opportunity Act, and the Disabilities Act of 1990, and regulations issued pursuant to those acts.

D. General Conditions

1. Interpretation or Correction of RFP (Documents)
 - a. Proposer shall promptly email procurement@snhd.org regarding any error, inconsistency, or ambiguity in and/or to request clarification or interpretation of this RFP by the Deadline to Submit Questions, except as related to addenda issued after this date.
 - b. Changes to this RFP will be only by written addenda issued by an Authorized Contact. Addenda will be posted to [SNHD's Public Notices website](#). Proposer shall be responsible for ensuring that its proposal reflects addenda (see [Attachment A](#)).
2. Responsive Proposal - A responsive proposal is one that conforms in all material respects to the RFP. The Health District reserves its right to waive any technicality, irregularity, or informality in determining responsiveness.
3. Responsible Proposal - A responsible proposer is one that has the capability in all respects to fully perform the RFP requirements, and the experience, integrity, perseverance, reliability, facilities, and equipment that will assure good faith performance, and that submits a responsive proposal.
4. Proposal Rejection - The Health District reserves its right to reject any proposal that does not conform to the RFP requirements.
5. Modification or Withdrawal of Proposal - Proposer may modify or withdraw its proposal by submitting a written request to procurement@snhd.org prior to the Deadline to Submit Proposals.
6. Cancel or Reissue RFP - The Health District reserves its right to cancel or reissue this RFP for any reason or for no reason.
7. Proposal Costs - The Health District will not reimburse any costs incurred by Proposer to prepare or submit a proposal.
8. No Guaranteed Contract - This RFP neither creates an offer to contract nor commits the Health District to contract for the services specified herein.
9. Limited Contract - The Health District reserves its right to contract for less than the services specified herein.

10. Exclusivity - Nothing in this RFP or in any resulting contract precludes the Health District from obtaining services like those specified herein from other sources.
11. Public Records - The Health District is subject to the Nevada Public Records Act. Pursuant to NRS 239.010, et seq., documents provided to Health District are presumed to be public records open to inspection and copying by any person. Proposals must contain sufficient information to be evaluated without reference to any confidential or proprietary information. Any proposal marked “confidential” or “proprietary” or that contains materials so marked may be returned to Proposer and not considered for award. The Health District will produce documents provided by any Proposer even if marked “confidential” or “proprietary” pursuant to a public records request. The Health District will not be liable for disclosure of any documents or information provided by Proposer to the Health District.

SECTION V - EVALUATION AND SELECTION

Proposals submitted by the Deadline to Submit Proposals will be reviewed for responsiveness to the RFP requirements. Responsive proposals will be evaluated per the following Evaluation Criteria. The Health District reserves its right to consider any other factors when evaluating proposals and Proposers if doing so is in the Health District's best interests.

A. Evaluation Criteria

Criteria Description	Maximum Score
Background and experience including references and proposed Project team	40
Proposed methodology and approach to meeting the RFP requirements	30
Proposed budget (Attachment B)	20
Annual budget, financial statements, Profile Questionnaire (Attachment C)	10

B. Clarification, Additional Information, Site Visits, Interviews, and Presentations

1. The Health District reserves its right to contact Proposers to clarify proposals or to obtain additional information, and/or to conduct site visits and/or interviews, and/or to request that Proposers make presentations. Failure to comply with such requests may eliminate a Proposer from further consideration.
2. The Health District reserves its right to base its decision solely on proposals, irrespective of any other interactions/requests referenced in the preceding paragraph (B.1).

C. Selection

1. Proposals selected for award, if any, will be those that are most beneficial regarding Proposers' experience, qualifications and capabilities, and price, and/or that best meet the Health District's needs.
2. If the Health District is unable to finalize a satisfactory contract with any selected Proposer within 60 calendar days, the Health District shall formally terminate discussions with that Proposer and at its sole discretion begin discussions with another Proposer or cancel or reissue the RFP.
3. Any contract resulting from this RFP will be presented to the Board for consent as applicable.

ATTACHMENT A Proposal Form

Complete and submit Attachment A. Indicate “None” as applicable.

The undersigned, as an authorized representative of the company named below, acknowledges that they have examined this RFP and all related documents, and hereby offers to furnish all labor, materials, tools, supplies, equipment, and services necessary to comply with the specifications, terms and conditions set forth herein.

Company name:	
Company headquarters address:	
Company website:	
Ownership type (i.e., partnership, corporation):	
Company officers’ names, titles, and number of years providing services related to HIV/AIDS and STIs:	
Number of years in business:	
Number of employees:	
Federal tax ID number:	
Nevada business license number:	
Sam.gov unique entity identifier (UEI):	
Does the proposal include exceptions to any RFP specifications or requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signer acknowledges receipt of addenda issued/posted to [SNHD's Public Notices website](#):

Addendum No. _____ Date Issued _____

Addendum No. _____ Date Issued _____

Addendum No. _____ Date Issued _____

Addendum No. _____ Date Issued _____

Authorized Signature: _____ Date: _____

Printed Name and Title: _____

Phone: _____ Email: _____

ATTACHMENT B Budget Template

Provide a detailed budget for the Project period, 01/01/2025 - 05/31/2025, including only: (1) personnel; (2) operating; (3) training; (4) travel; (5) other expenses; and (6) indirect (automatically calculated at 10% of the sum of budget categories 1 - 6). Use the Budget Template (Excel workbook provided).

	A	B	C	D	E	F	G	
1	Proposer Name:							
2	Attachment B - Budget Template							
3								
4	Total Personnel Costs	including fringe Total:						\$0
5	<u>List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.</u>							
6								
7	<u>Position</u>	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked</u>	<u>Amount Requested</u>	
8		\$0.00	42.500%	10.000%	12	100.00%	\$0	
9		\$0.00	42.500%	10.000%	12	100.00%	\$0	
10		\$0.00	42.500%	10.000%	12	100.00%	\$0	
11		\$0.00	42.500%	10.000%	12	100.00%	\$0	
12		\$0.00	42.500%	10.000%	12	100.00%	\$0	
13		\$0.00	42.500%	10.000%	12	100.00%	\$0	
14		\$0.00	42.500%	10.000%	12	100.00%	\$0	
15		\$0.00	42.500%	10.000%	12	100.00%	\$0	
16	*Insert details to describe position duties as it relates to the funding (specific program objectives)							

ILLUSTRATION ONLY
Use Budget Template
(Excel Workbook Provided)

Attachment C

Profile Questionnaire

This questionnaire will be used to determine an organization's financial and management strength.

1. Provide your organization's information:

Company Legal Name: _____
Address (street,city,state,zip+4): _____
State incorporated: _____ Date incorporated: _____
Number of employees: _____ Congressional Dist: _____
SAM.gov UEI: _____ EIN (Tax ID): _____
SAM.gov expiration date: _____
Is contractor owned or controlled by a parent company? If yes, provide the following:
Parent Entity Legal Name: _____
Address (street,city,state,zip+4): _____
SAM.gov UEI: _____ EIN (Tax ID): _____
SAM.gov expiration date: _____

2. Organization Type (check one):

Federal Government Individual
 State Government Corporation
 Non-Profit Organization University
 Foundation Other: _____

3. Organization Classification (check all that apply):

Large Business Veteran Owned Business
 Small Business Veteran Owned Business Disabled Veteran
 Small Disadvantaged Business Individual
 Woman-Owned Business Other: _____

4. Fiscal Year: Begin (Mo/Yr) _____ End (Mo/Yr) _____

5. Does your organization have experience working under Federal assistance awards, cooperative agreements or contracts?

No Yes - Number of Years: _____

6. Does your organization have an accounting system that provides for (check all that apply):

Proper segregation of direct costs from indirect costs?
 Identification and accumulation of direct costs by contract?
 Accumulation of costs under general ledger control?
 A timekeeping system that identifies employees' labor by intermediate or final cost objectives?
 Exclusions from costs charged to government contracts of amounts which are unallowable under FAR 31, contract cost principles and procedures, or other contract provisions?

7. Does your organization have formal, written policies that address (check all that apply):

Pay rates/benefits Property/Inventory Discrimination
 Time and effort reporting Purchasing Conflict of interest
 Leave Travel

8. a) In the last three years, has your organization:

- Been unable or failed to complete a contract scope of work, or complete a contract per the agreed-upon schedule due to working capital or cash flow constraints? Yes No
- Failed to meet a contract milestone or completion date? Yes No
- Had a contract terminated for default? Yes No

b) Has your organization ever:

- Been involved in any bankruptcy or reorganization proceedings? Yes No
- Been debarred or suspended from contracting with a government agency or excluded from or ineligible to participate in any federal assistance programs or activities? Yes No

9. Accounting and Audit Requirements:

- a) Does your organization have a negotiated Federal Facilities and Administrative rate (indirect)? Yes No
If yes, provide a copy of your organization's current rate agreement.
- b) Is your organization required to comply with 2 CFR 200 Subpart F audit requirements? Yes No
If yes, provide your organization's last single audit report.
If yes, provide the EIN under which your organization's last single audit report was filed in the Federal Audit Clearinghouse (facdissem.census.gov): _____
- c) Provide your organization's most recent financial statements.
If financial statements are audited, also provide related audit report.
- d) Has your firm received any audit findings, or have any material weaknesses been identified in the two preceding years? Yes No

10. Provide additional information or expand on required responses (indicate item #) as applicable:

I, as the authorized official of my organization, by signing below, certify that all of the responses provided herein are complete, true and accurate. I further acknowledge that my organization will be fully responsible for and assumes all risks for any work performed and/or expenses incurred prior to execution of an agreement.

Authorized Official Signature

Date Signed

Authorized Official Name and Title

Authorized Official Email

Authorized Official Phone