**CERTIFICATIONS AND ASSURANCES**

**Washington Health Benefit Exchange**

**Navigator Program Services**

**Pierce County Lead Organization**

**Organization Name**: Click here to enter text.

We make the following certifications and assurances as a required element of the Response for **HBE 16-003**, affirming the truthfulness of the facts declared here and acknowledging that the continuing compliance with these statements and all requirements of the RFP are conditions precedent to the award or continuation of the resulting Contract.

The prices in this Response have been arrived at independently, without, for the purpose of restricting competition, any consultation, communication, or agreement with any other offeror or competitor relating to (i) those prices, (ii) the intention to submit an offer, or (iii) the methods or factors used to calculate the prices offered. The prices in this Response have not been and will not be knowingly disclosed by the offeror, directly or indirectly, to any other offeror or competitor before Contract award unless otherwise required by law. No attempt has been made or will be made by the offeror to induce any other concern to submit or not to submit an offer for the purpose of restricting competition. However, we may freely join with other persons or organizations for the purpose of presenting a single proposal or bid.

The attached response is a firm offer for a period of 120 days following the Response Due Date specified in the RFP, and it may be accepted by Washington Health Benefit Exchange without further negotiation, (except where obviously required by lack of certainty in key terms) at any time within the 120-day period. In the case of protest, your response will remain valid for 180 days or until the protest is resolved, whichever is later.

In preparing this response, we have not been assisted by any current or former employee of the Washington Health Benefit Exchange whose duties relate (or did relate) to this solicitation, or prospective contract, and who was assisting in other than his or her official, public capacity. Neither does such a person nor any member of his or her immediate family have any financial interest in the outcome of this response. (Any exceptions to these assurances are described in full detail on a separate page and attached to this document.)

We understand that Washington Health Benefit Exchange **will not** reimburse us for any costs incurred in the preparation of this response. All responses become the property of the Washington Health Benefit Exchange, and we claim no proprietary right to the ideas, writings, items or samples unless so stated in the response. Submission of the RFP response constitutes an acceptance of the evaluation criteria and an agreement to abide by the procedures and all other administrative requirements described in the solicitation document.

We understand that any contract awarded, as a result of this response will incorporate all the solicitation requirements. Submission of a response and execution of this Certifications and Assurances document certify our willingness to comply with the contract terms and conditions appearing in Appendix B, or substantially similar terms, if selected as a contractor. It is further understood that our standard contract will not be considered as a replacement for the terms and conditions appearing in Appendix B of this solicitation. (continued on next page)

After reviewing Appendix B: Proposed Contract Terms and Conditions, (‘x’ the appropriate box ) We **are** [ ] **/ are not** [ ]  proposing alternate contract language.

|  |  |  |
| --- | --- | --- |
| Vendor Signature |  | Vendor Company Name |
| Title |  | Date |

**NOTE:** Applicants indicating that they ARE submitting alternate contract language will cite below: the item number of the element in question; the alternate language you propose for each item in question; and the reason for the requested change. Attach a separate sheet with these citations if you do not have enough space below.

Click here to enter text.