OFFER AND ACCEPTANCE

OFFER

The undersigned Offeror hereby agrees to provide all services in accordance with the terms and requirements stated herein, including all exhibits, amendments, and final proposal revisions (if any). Signature also certifies Small Business Status.

Arizona Transaction (Sales) Privilege Tax License No.:			For clarification of this offer, contact:	
N/A			Name:	James Stover
Federal Employer Identification No.:				
46-2616037			Title:	Medicaid Plan President
E-Mail Address:	james.v.stover@azcompletehealth.com		Phone:	520-343-8004
Health Net Access, Inc. d/b/a Arizona Complete Health-Complete Care Plan			JVS	
Company Name			Signature of Person Authorized to Sign Offer	
1850 E. Rio Salado Pkwy, Suite 211			James Stover	
Address			Printed Name	
Tempe	Arizona	85281	Medicaid Plan President	
City	State	Zip	Title	

CERTIFICATION

By signature in the Offer section above, the Offeror certifies:

1. The submission of the offer did not involve collusion or other anti-competitive practices.
2. The Offeror shall not discriminate against any employee or applicant for employment in violation of Federal Executive Order 11246, State Executive Order 2009-09 or A.R.S. §§ 41-1461 through 1465.
3. The Offeror has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted offer. Failure to provide a valid signature affirming the stipulations required by this clause shall result in rejection of the offer. Signing the offer with a false statement shall void the offer, any resulting contract and may be subject to legal remedies provided by law.
4. The Offeror _____is / __**X**___ is **not** a small business with less than 100 employees or has gross revenues of $4 million or less.
5. The Offeror is in compliance with A.R.S. § 18-132 when offering electronics or information technology products, services, or maintenance; and
6. The Offeror certifies that it is not debarred from, or otherwise prohibited from participating in any contract awarded by federal, state, or local government.

ACCEPTANCE OF OFFER (to be completed by AHCCCS)

Your offer, including all exhibits, amendments, and final proposal revisions (if any), contained herein, is accepted. The Contractor is now bound to provide all services listed by the attached contract and based upon the solicitation, including all terms, conditions, specifications, amendments, etc., and the Contractor's Offer as accepted by AHCCCS.

The Contractor is cautioned not to commence any billable work or to provide any material or service under this contract until Contractor receives purchase order, contact release document or written notice to proceed.

This contract shall henceforth be referred to as

Contract No. YH24-0001-02

Contract Service Start Date: 10/01/2024

Award Date: 12/01/2023

Meggan LaPorte (Nov 29, 2023 10:05 MST)

MEGGAN LAPORTE, AHCCCS CHIEF PROCUREMENT OFFICER