The Deadline to submit the Intent to Qualify form is: **June 24, 2025, 3:00 pm Arizona Time**

Each Applicant MUST SUBMIT A SIGNED INTENT TO Qualify FORM by the deadline in order to receive access to the AHCCCS Secure File Share (ASFS). Access to the ASFS is restricted to three (3) individuals per Applicant. Each individual shall submit this Intent to Bid form and shall be an employee of the potential Offeror and not a consultant or independent contractor.

|  |  |  |
| --- | --- | --- |
|  | Name |  |
|  | Title |  |
|  | Email Address |  |
|  | Phone number |  |
|  | Legal Company/Entity Name under which the application will be submitted |  |
|  | DBA Entity Name(s) |  |
|  | Company Address |  |
|  | Company website |  |

|  |  |
| --- | --- |
| **I attest that the following is true:** | Initials |
| My company and all staff associated with this QVL solicitation will hold all information or documents contained in ASFS as confidential, not to be disclosed to any entity or individuals outside the organization. |  |
| My company (listed in box #5 above) has experience providing “Solicitation Services” as described in this QVL solicitation. |  |
| My company (listed in box #5 above) intends, or is considering its intent, to request a contract with AHCCCS for Transplantation Services. |  |
| I understand that submittal of this form does not obligate my company to request a contract with AHCCCS for Transplantation Services. |  |
| I am an employee of my company (listed in box #5 above) and not a consultant or independent contractor. |  |
| I understand that it is my responsibility to ensure that the data uploaded to ASFS is shared only with employees of my company (not consultants or independent contractors) who need this information to assist with submitting the requirements for the Transplantation Services QVL solicitation. |  |
| I understand that it is my responsibility that all copies of the data retrieved from ASFS shall be destroyed after the award of this RFP. |  |

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This form shall be submitted to:** [Procurement@azahcccs.gov](mailto:Procurement@azahcccs.gov)

After the Intent to Qualify is received, within seventy-two (72) hours the Procurement Officer will send the Applicant an email with access and instructions to the ASFS. If assistance is needed, please contact the assigned AHCCCS Procurement Specialist listed on the front page of the solicitation at Procurement@azahcccs.gov.