**Response Checklist**

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| --- | --- |
| 1. **Offeror Qualification**
 | * Cover Letter
* Narrative
 |
| 1. **Functional Requirements**
 | Attachment A.III. B. Functional Requirements |
| 1. **Technical Requirements**
 | Attachment A.III.C. Technical Requirements |
| 1. **Integration with Other Solutions**
 | Document labeled Integration with Other Solutions |
| 1. **Intentionally Left Blank**
 |  |
| 1. **Mandated State/Federal Reporting**
 | Document labeled Mandated State/Federal Reporting |
| 1. **Project Deliverables**
 | * Document labeled Project Plan
* Attachment A.III.G. Implementation Timeline and Resources Needed
* Document labeled IT Solution Plan
 |
| 1. **Cost**
 | Attachment A.III.H. Cost Proposal |
| 1. **Contract**
 | * Attachment C Center Contract - Redline
* Document labeled Contract Considerations
* Contact Information for the Legal representative designated to discuss the contract (in Contract Considerations)
 |
| 1. **References**
 | References from 3 from three different Community Mental Health & Intellectual Disability Centers |
| 1. **Other**
 | * Attachment B Conflict of Interest Questionnaire
* Proof of Insurance
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