**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 |