

IT Professional Technical Services

SITE Program

T#:14ATM

Request for Offers (RFO)

For Technology Services

Issued By

Continuing Care Administration

Project Title: MnCHOICES

Category: Analyst

Business Need

The Minnesota Department of Human Services (DHS) through the Continuing Care Administration (CCA) seeks a Business Rules Analyst with the necessary skill sets to document/improve the business rules used to assess, assign, and monitor long term care services, including home and community based services (HCBS).

The CCA is in the process of developing a comprehensive assessment tool and protocol to be used to assess people who may have long term care needs. This tool, known as MnCHOICES, is designed to replace existing eligibility and assessment tools used for programs administered by CCA within DHS.

MnCHOICES affects all participants in waived and non-waived programs in county social service agencies, and health plans providing continuing care services. Additionally, it will change a number of administrative and operational practices within DHS.

Phase one of MnCHOICES was launched in November 2013. Currently, 11 social service agencies have launched and are using MnCHOICES, and the remaining 73 counties and many Managed Care Organizations will begin using MnCHOICES by the spring of 2015.

As MnCHOICES phase one launches, phase two must be developed. Phase two MnCHOICES provides for the development and integration of the support planning functionality. The business needs a single streamlined and consolidated process of assessing an individual, identifying their needs and determining what strengths and long-term services and supports can meet those needs. In addition, they need to

produce a plan that identifies the person's options and choices for long-term services and supports. This information needs to be printed and shared across several channels as well as sharing it with the individual for signature as well as sending applicable information to providers for use in service delivery planning and 245D Addendum completions.

The lead agencies need to deliver both a Consumer Support Plan (CSP) and a Coordinated Services and Support Plan (CSSP) containing deliverables included below.

In addition to MnCHOICES, the 2009 legislature approved and funded other initiatives that were intended to reform the long term care system to assure sustainability into the future. These included new provider enrollment and provider standards, a new rate setting methodology as well as a Customized Living rate tool. This tool must be integrated with the MnCHOICES application to complete the business need.

Staff provided by the selected Responder will support CCA staff in building upon the business processes and information architecture identified in work that CCA has been engaged in through other contractors. These business processes and information architecture were developed specifically to assist in the implementation of the legislated initiatives. The Business Rules Analyst will define and refine business rules that will drive the development and implementation of the above initiatives.

Project Deliverables

- Finalization of MnCHOICES versioning
- Ability to print MnCHOICES eligibility summary
- HRA Enhancements to CSNBC HRA
- Alerts and Triggers for MnCHOICES users
- Improve online/offline processes
- Generate the CSP/CSSP (includes Needs Summary, Risk Mitigation, Goals, Service Agreement, Informed Choice, Caregivers, and Program and Service eligibility)
- Integration with Rate Setting Tool
- Integration with Mn Help.info
- Integration with the assessment answers and eligibility results in MnCHOICES
- Distribution of CSP/CSSP to consumers as well as providers
- Communication methodology between Case Managers and Certified Assessors
- Conversion to MMIS data for easy data entry of service agreements

- Test plans with strategies and approaches to verify and validate the quality of the business rules and the technology solution

Project Milestones and Schedule

| Milestones | Target Date |
|----------------------------------------------------------------------|--------------------|
| Requirements for support plan waiver programs | October 30, 2014 |
| Requirements for Navigation - MnCHOICES | December 15, 2014 |
| Requirements for User Face sheet/printing | March 1, 2015 |
| Requirements for Alerts and Triggers from SSIS data structure system | March 20,2015 |
| Requirements for workflow for support planning | April 17, 2015 |
| Requirements to revise Online-Offline process in MnCHOICES | May 30, 2015 |
| Impact analysis for 2015 legislative session | June 1, 2015 |
| Requirements for support plan integration: CSP/CSSP | September 2015 |

Project Environment

- The State's Project Manager is Lisa Lazaretti for MnCHOICES, 444 Lafayette Rd, St Paul, MN 55101 or her successor. The State's Project Manager will certify acceptance on each invoice submitted for payment.

Other Project staff:

- Policy staff within CCA working on the legislated initiatives and various long term care programs administered by CCA
- Lead Training Analyst
- Lead Business Architect
- Lead Technical Architect

Project Requirements

- Implementation will include the training of DHS staff so they can maintain the initiatives after the contract is done

- Business rules must be in compliance with statewide Enterprise Architecture, Project Management Methodology and applicable industry/agency standards
- MnCHOICES including the rules engine work that will be completed with this RFO must interface with SSIS, include MMIS translation, and may need to interface with MnHelp.Info or some other provider portal.
- It is expected that selected vendor will work onsite at DHS Central Office locations. DHS will provide appropriate work space.

Responsibilities Expected of the Selected Vendor

- A. Define and document functional and business requirements
- B. Develop traceability matrix
- C. Conduct Business Process Modeling
- D. Conduct Business Domain Modeling
- E. Design and build out domain models
- F. Perform data mapping between the new and existing systems
- G. Create and update existing use case specifications
- H. Create wireframes and mock-ups
- I. Design role-based authentication and authorization
- J. Develop and update as-is and to-be process flow diagrams
- K. Create and execute test plans and test scripts for all stages of testing
- L. Lead Joint Application Design(JAD) sessions
- M. Extract, discover, capture and express and manage business rules from JAD sessions
- N. Ensure that the extracted rules reflect the business intent and will result in the desired business behavior
- O. Understand how rules are enforced, how they are going to change, and how rules-related issues such as conflicting rules would be resolved
- P. Work closely with rules architects and rules developers to help them design the application in a way that ensures that the rules reflect the business intent and that the application will result in the desired business behavior
- Q. Validate the rules and develop scenarios for test scripts
- R. Extensive testing of MnCHOICES revised and new functionality and integration
- S. Assist in project planning and development of a project schedule
- T. Comply with all State of Minnesota security policies and standards and regulatory requirements

Required Skills (to be scored as pass/fail)

Minimum 5 years' experience as a senior business analyst or business lead, which must include:

- Approved on the SITE vendor list
- At least one engagement with experience as a Test lead – unit, functional, performance, capacity, stress, smoke, regression and end to end, which included:
 - Conducting and reporting on Root cause analysis
 - Leading defect tracking and reporting

- Producing a Test plan and Test Strategy
- Creating test scripts (manual and automated)
- Facilitating user acceptance testing
- At least one engagement with experience working with various project methodologies including agile and waterfall
- At least one engagement with experience completing gap analysis activities, including documenting both current state and future state business models
- At least one engagement with experience working with Share Point for document management
- At least one engagement with experience with Long-Term Care Planning
- Engagement in or education of of waived and state planned programs and services
- At least one engagement with experience in the health care IT industry
- At least one engagement with experience with iLog Rules Engines

Desired Skills

- Experience implementing technical solutions with .net/SQL platforms
- Prefer individual with strong Business Analyst skill set along with solution architect and testing skills.
- Experience working with MnCHOICES and the Rate setting initiative within the Continuing Care Administration
- Expert requirement elicitation and documentation skills
- Strong data mining and analysis capabilities applicable to the business acumen

Process Schedule

| | |
|--------------------------------------------|----------------------------------|
| Deadline for Questions | 09/22/2014, 4:00 PM Central Time |
| Anticipated Posted Response to Questions | 09/24/2014, 4:00 PM Central Time |
| Proposals due | 09/29/2014, 4:00 PM Central Time |
| Anticipated proposal evaluation begins | 09/30/2014, 8:00 AM Central Time |
| Anticipated proposal evaluation & decision | 10/03/2014, 4:00 PM Central Time |

Questions

Any questions regarding this Request for Offers should be submitted via e-mail according to the date and time listed in the process schedule to:

Name: Lisa Lazaretti, Project Manager
 Organization: MN.IT Project Management Division
 Email Address: Lisa.Lazaretti@state.mn.us

Questions and answers will be posted via an addendum to the RFO on the Office of MN.IT Services website (<http://mn.gov/buyit/14atm/rfo/active.html>) according to the process schedule above.

Other persons ARE NOT authorized to discuss this RFO or its requirements with anyone throughout the selection process and responders should not rely on information obtained from non-authorized individuals. If it is discovered a Responder contacted other State staff other than the individual above, the responder's proposal may be removed from further consideration.

The STATE reserves the right to determine if further information is needed to better understand the information presented. This may include a request for a presentation.

RFO Evaluation Process

- Experience 70%
- Cost 30%

This Request for Offers does not obligate the state to award a work order or complete the assignment, and the state reserves the right to cancel the solicitation if it is considered to be in its best interest. The Organization reserves the right to reject any and all proposals.

Submission Format

The proposal should be assembled as follows:

Cover Page:

Vendor Name
Vendor Address
Vendor City, State, Zip
Contact Name for Vendor
Contact's direct phone/cell phone (if applicable)
Contact's email
Resource Name being submitted

Overall Experience:

1. Provide narrative, including companies and contacts where your resource has demonstrated the required skills as previously noted. If pass/fail requirements are not met, the State reserves the right to discontinue further scoring of the proposal.
2. Points will also be awarded based on the desired skills noted above. Provide one paragraph which highlights the resource's desired skills noted above.
3. Attach a resume(s) for proposed resource(s) in addition to the narrative description. Be certain the resume has dates of work and notes whether the resource was an employee or consultant.
4. Also include the name of 2 references who can speak to the resources work on a similar project. Include the company name and address, reference name, reference email, reference phone number and a brief description of the project this resource completed.

Proposal Submission Instructions

- Response Information:
 - Lisa Lazaretti
 - Email Address Lisa.Lazaretti@state.mn.us

- Email subject line: MnCHOICES Business Analyst - SITE
- Submit via Email
- Submissions are due according to the process schedule previously listed.
- **A copy of the response must also be sent to MNIT.SITE@state.mn.us for vendor performance tracking.**

General Requirements

Proposal Contents

By submission of a proposal, Responder warrants that the information provided is true, correct and reliable for purposes of evaluation for potential award of this work order. The submission of inaccurate or misleading information may be grounds for disqualification from the award as well as subject the responder to suspension or debarment proceedings as well as other remedies available by law. Responder must complete and submit the following forms in response to this RFO:

1. Appendix A – Affirmative Action Certificate of Compliance
2. Appendix B – Affidavit of non-collusion
3. Appendix C – Certification Regarding Lobbying
4. Appendix D – Veteran Owned Preference Form
5. Appendix E – Resident Vendor Form

Liability

In the performance of this contract by Contractor, or Contractor's agents or employees, the contractor must indemnify, save, and hold harmless the State, its agents, and employees, from any claims or causes of action, including attorney's fees incurred by the state, to the extent caused by Contractor's:

- 1) Intentional, willful, or negligent acts or omissions; or
- 2) Actions that give rise to strict liability; or
- 3) Breach of contract or warranty.

The indemnification obligations of this section do not apply in the event the claim or cause of action is the result of the State's sole negligence. This clause will not be construed to bar any legal remedies the Contractor may have for the State's failure to fulfill its obligation under this contract.

Disposition of Responses

All materials submitted in response to this RFO will become property of the State and will become public record in accordance with Minnesota Statutes, section 13.591, after the evaluation process is completed. Pursuant to the statute, completion of the evaluation process occurs when the government entity has completed negotiating the contract with the selected vendor. If the Responder submits information in response to

this RFO that it believes to be trade secret materials, as defined by the Minnesota Government Data Practices Act, Minn. Stat. § 13.37, the Responder must: clearly mark all trade secret materials in its response at the time the response is submitted, include a statement with its response justifying the trade secret designation for each item, and defend any action seeking release of the materials it believes to be trade secret, and indemnify and hold harmless the State, its agents and employees, from any judgments or damages awarded against the State in favor of the party requesting the materials, and any and all costs connected with that defense. This indemnification survives the State's award of a contract. In submitting a response to this RFO, the Responder agrees that this indemnification survives as long as the trade secret materials are in possession of the State.

The State will not consider the prices submitted by the Responder to be proprietary or trade secret materials.

Conflicts of Interest

Responder must provide a list of all entities with which it has relationships that create, or appear to create, a conflict of interest with the work that is contemplated in this request for proposals. The list should indicate the name of the entity, the relationship, and a discussion of the conflict.

The responder warrants that, to the best of its knowledge and belief, and except as otherwise disclosed, there are no relevant facts or circumstances which could give rise to organizational conflicts of interest. An organizational conflict of interest exists when, because of existing or planned activities or because of relationships with other persons, a vendor is unable or potentially unable to render impartial assistance or advice to the State, or the vendor's objectivity in performing the contract work is or might be otherwise impaired, or the vendor has an unfair competitive advantage. The responder agrees that, if after award, an organizational conflict of interest is discovered, an immediate and full disclosure in writing must be made to the Assistant Director of the Department of Administration's Materials Management Division ("MMD") which must include a description of the action which the contractor has taken or proposes to take to avoid or mitigate such conflicts. If an organization conflict of interest is determined to exist, the State may, at its discretion, cancel the contract. In the event the responder was aware of an organizational conflict of interest prior to the award of the contract and did not disclose the conflict to MMD, the State may terminate the contract for default. The provisions of this clause must be included in all subcontracts for work to be performed similar to the service provided by the prime contractor, and the terms "contract," "contractor," and "contracting officer" modified appropriately to preserve the State's rights.

IT Accessibility Standards

Any information systems, tools, information content, and/or work products, including the response to this solicitation/contract, applications, web sites, video, learning modules, webinars, presentations, etc., whether commercial, off-the-shelf (COTS) or custom, purchased or developed, must comply with the Minnesota IT Accessibility Standards effective September 1, 2010, as updated on October 3, 2013. This standard requires in part, compliance with the Web Content Accessibility Guidelines (WCAG) 2.0 (Level AA) and Section 508 Subparts A-D. The standard can be viewed at http://mn.gov/oet/images/Stnd_State_Accessibility.pdf.

Preference to Targeted Group and Economically Disadvantaged Business and Individuals

In accordance with Minnesota Rules, part 1230.1810, subpart B and Minnesota Rules, part 1230.1830, certified Targeted Group Businesses and individuals submitting proposals as prime contractors will receive a six percent preference in the evaluation of their proposal, and certified Economically Disadvantaged Businesses and individuals submitting proposals as prime contractors will receive a six percent preference in the evaluation of their proposal. Eligible TG businesses must be currently certified by the Materials Management Division prior to the solicitation opening date and time. For information regarding certification, contact the Materials Management Helpline at 651.296.2600, or you may reach the Helpline by email at mmdhelp.line@state.mn.us. For TTY/TDD communications, contact the Helpline through the Minnesota Relay Services at 1.800.627.3529.

Veteran-Owned Preference

In accordance with Minn. Stat. § 16C.16, subd. 6a, (a) Except when mandated by the federal government as a condition of receiving federal funds, the commissioner shall award up to a six percent preference on state procurement to certified small businesses that are majority-owned and operated by:

1. recently separated veterans who have served in active military service, at any time on or after September 11, 2001, and who have been discharged under honorable conditions from active service, as indicated by the person's United States Department of Defense form DD-214 or by the commissioner of veterans affairs;
2. veterans with service-connected disabilities, as determined at any time by the United States Department of Veterans Affairs; or
3. any other veteran-owned small businesses certified under section 16C.19, paragraph (d).

In accordance with Minn. Stat. § 16C.19 (d), a veteran-owned small business, the principal place of business of which is in Minnesota, is certified if it has been verified by the United States Department of Veterans Affairs as being either a veteran-owned small

business or a service disabled veteran-owned small business, in accordance with Public Law 109-461 and Code of Federal Regulations, title 38, part 74.

To receive a preference the veteran-owned small business must meet the statutory requirements above by the solicitation opening date and time.

If you are claiming the veteran-owned preference, **attach documentation, sign and return the Veteran-Owned Preference Form with your response to the solicitation.**

Only eligible veteran-owned small businesses that meet the statutory requirements and provide adequate documentation will be given the preference.

APPENDIX A

State Of Minnesota – Affirmative Action Certification

If your response to this Offer is or could be in excess of \$100,000, complete the information requested below to determine whether you are subject to the Minnesota Human Rights Act (Minnesota Statutes 363A.36) certification requirement, and to provide documentation of compliance if necessary. **It is your sole responsibility to provide this information and—if required—to apply for Human Rights certification prior to the due date of the bid or proposal and to obtain Human Rights certification prior to the execution of the contract. The State of Minnesota is under no obligation to delay proceeding with a contract until a company receives Human Rights certification**

BOX A – For companies which have employed more than 40 full-time employees within Minnesota on any single working day during the previous 12 months. All other companies proceed to BOX B.

Your response will be rejected unless your business:

has a current Certificate of Compliance issued by the Minnesota Department of Human Rights (MDHR)

–or–

has submitted an affirmative action plan to the MDHR, which the Department received prior to the date the responses are due.

Check one of the following statements if you have employed more than 40 full-time employees in Minnesota on any single working day during the previous 12 months:

- We have a current Certificate of Compliance issued by the MDHR. **Proceed to BOX C. Include a copy of your certificate with your response.**
 - We do not have a current Certificate of Compliance. However, we submitted an Affirmative Action Plan to the MDHR for approval, which the Department received on _____ (date). **Proceed to BOX C.**
 - We do not have a Certificate of Compliance, nor has the MDHR received an Affirmative Action Plan from our company. **We acknowledge that our response will be rejected. Proceed to BOX C. Contact the Minnesota Department of Human Rights for assistance.** (See below for contact information.)
1. **Please note:** Certificates of Compliance must be issued by the Minnesota Department of Human Rights. Affirmative Action Plans approved by the Federal government, a county, or a municipality must still be received, reviewed, and approved by the Minnesota Department of Human Rights before a certificate can be issued.

BOX B – For those companies not described in BOX A

- Check below.
- We have not employed more than 40 full-time employees on any single working day in Minnesota within the previous 12 months. **Proceed to BOX C.**

BOX C – For all companies

By signing this statement, you certify that the information provided is accurate and that you are authorized to sign on behalf of the responder. You also certify that you are in compliance with federal affirmative action requirements that may apply to your company. (These requirements are generally triggered only by participating as a prime or subcontractor on federal projects or contracts. Contractors are alerted to these requirements by the federal government.)

Name of Company: _____ Date: _____

Authorized Signature: _____ Telephone number: _____

Printed Name: _____ Title: _____

For assistance with this form, contact:

Minnesota Department of Human Rights, Compliance Services

| | | | | | |
|--------|------------------------------------------------------------------------------|--------------|----------------|---------------|----------------|
| Mail: | The Freeman Building 625 Robert Street North, Saint Paul, MN 55155 | TC Metro: | (651) 296-5663 | Toll Free: | 800-657-3704 |
| Web: | www.humanrights.state.mn.us | Fax: | (651) 296-9042 | TTY: | (651) 296-1283 |
| Email: | compliance.mdhr@state.mn.us | | | | |

Appendix B

STATE OF MINNESOTA AFFIDAVIT OF NONCOLLUSION

I swear (or affirm) under the penalty of perjury:

1. That I am the Responder (if the Responder is an individual), a partner in the company (if the Responder is a partnership), or an officer or employee of the responding corporation having authority to sign on its behalf (if the Responder is a corporation);
2. That the attached Offer submitted in response to the _____ Request for Offers has been arrived at by the Responder independently and has been submitted without collusion with and without any agreement, understanding or planned common course of action with, any other Responder of materials, supplies, equipment or services described in the Request for Proposal, designed to limit fair and open competition;
3. That the contents of the Offer have not been communicated by the Responder or its employees or agents to any person not an employee or agent of the Responder and will not be communicated to any such persons prior to the official opening of the Proposals; and
4. That I am fully informed regarding the accuracy of the statements made in this affidavit.

Responder's Firm Name: _____

Authorized Signature: _____

Date: _____

Subscribed and sworn to me this _____ day of _____

Notary Public

My commission expires: _____

APPENDIX C
CERTIFICATION REGARDING LOBBYING

For State of Minnesota Contracts and Grants over \$100,000

The undersigned certifies, to the best of his or her knowledge and belief that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, A Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Organization Name

Name and Title of Official Signing for Organization

By: _____
Signature of Official

Date

APPENDIX D
STATE OF MINNESOTA
VETERAN-OWNED PREFERENCE FORM

In accordance with Minn. Stat. § 16C.16, subd. 6a, (a) Except when mandated by the federal government as a condition of receiving federal funds, the commissioner shall award up to a six percent preference in the amount bid on state procurement to **certified small businesses** that are **majority-owned and operated by**:

- (1) recently separated veterans who have served in active military service, at any time on or after September 11, 2001, and who have been discharged under honorable conditions from active service, as indicated by the person's United States Department of Defense form DD-214 or by the commissioner of veterans affairs;
- (2) veterans with service-connected disabilities, as determined at any time by the United States Department of Veterans Affairs; or
- (3) any other veteran-owned small businesses certified under section [16C.19](#), paragraph (d).

In accordance with Minn. Stat. § 16C.19 (d), a veteran-owned small business, the principal place of business of which is in Minnesota, is certified if it has been verified by the United States Department of Veterans Affairs as being either a veteran-owned small business or a service disabled veteran-owned small business, in accordance with Public Law 109-461 and Code of Federal Regulations, title 38, part 74.

To receive a preference the veteran-owned small business must meet the statutory requirements above by the solicitation opening date and time. When responding to a Request for Bid (RFB), the preference is applied only to the first \$500,000 of the response. When responding to a Request for Proposal (RFP), the preference is applied as detailed in the RFP.

If you are claiming the veteran-owned preference, **attach documentation, sign and return this form with your response to the solicitation.** Only eligible veteran-owned small businesses that meet the statutory requirements and provide adequate documentation will be given the preference.

I HEREBY CERTIFY THAT THE FIRM LISTED BELOW:

My firm is a certified small business and it is majority-owned and operated by an eligible person as defined by Minn. Stat. § 16C.16, subd. 6a.

Yes **No** (must check yes or no) **State the type of documentation attached:** _____

DOCUMENTATION MUST BE PROVIDED FOR ONE OF THE FOLLOWING REQUIREMENTS:

___ (1) recently separated veterans who have served in active military service, at any time on or after September 11, 2001, and who have been discharged under honorable conditions from active service, as indicated by the person's United States Department of Defense form DD-214 or by the commissioner of veterans affairs;

State the type of documentation attached: _____

___ (2) veterans with service-connected disabilities, as determined at any time by the United States Department of Veterans Affairs;

State the type of documentation attached: _____

___ (3) any other veteran-owned small businesses certified under Minnesota Statute Section [16C.19](#), paragraph (d).

State the type of documentation attached: _____

Name of Company: _____
Date: _____
Authorized Signature: _____
Telephone: _____
Printed Name: _____
Title: _____

IF YOU ARE CLAIMING THE VETERAN-OWNED PREFERENCE, ATTACH DOCUMENTATION, SIGN AND RETURN THIS FORM WITH YOUR RESPONSE TO THE SOLICITATION.

APPENDIX I
STATE OF MINNESOTA
RESIDENT VENDOR FORM

In accordance with Laws of Minnesota 2013, Chapter 142, Article 3, Section 16, amending Minn. Stat. § 16C.02, subd. 13, a “Resident Vendor” means a person, firm, or corporation that:

- (1) is authorized to conduct business in the state of Minnesota on the date a solicitation for a contract is first advertised or announced. It includes a foreign corporation duly authorized to engage in business in Minnesota;
 - (2) has paid unemployment taxes or income taxes in this state during the 12 calendar months immediately preceding submission of the bid or proposal for which any preference is sought;
 - (3) has a business address in the state; and
 - (4) has affirmatively claimed that status in the bid or proposal submission.
-

To receive recognition as a Minnesota Resident Vendor (“Resident Vendor”), your company must meet each element of the statutory definition above by the solicitation opening date and time. If you wish to affirmatively claim Resident Vendor status, you should do so by submitting this form with your bid or proposal.

Resident Vendor status may be considered for purposes of resolving tied low bids or the application of a reciprocal preference.

I HEREBY CERTIFY THAT THE COMPANY LISTED BELOW:

1. Is authorized to conduct business in the State of Minnesota on the date a solicitation for a contract is first advertised or announced. *(This includes a foreign corporation duly authorized to engage in business in Minnesota.)*
 Yes **No (must check yes or no)**

2. Has paid unemployment taxes or income taxes in the State of Minnesota during the 12 calendar months immediately preceding submission of the bid or proposal for which any preference is sought.
 Yes **No (must check yes or no)**

3. Has a business address in the State of Minnesota.
 Yes **No (must check yes or no)**

4. Agrees to submit documentation, if requested, as part of the bid or proposal process, to verify compliance with the above statutory requirements.

Yes No (must check yes or no)

BY SIGNING BELOW, you are certifying your compliance with the requirements set forth herein and claiming Resident Vendor status in your bid or proposal submission.

Name of Company:

Date:

Authorized Signature:

Telephone:

Printed Name:

Title:

IF YOU ARE CLAIMING RESIDENT VENDOR STATUS, SIGN AND RETURN THIS FORM WITH YOUR BID OR PROPOSAL SUBMISSION.