



Form A: Face Page - MNSure Grant Application

1. Responding to the following MNSure Funding Announcement: Number: RFP13-001 Title: Outreach and In-Person Assister Infrastructure Grant Program	Office use only:
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2. Organization

2a. Legal Name of Organization	2b. Legal Address of Organization
2c. Organization Phone Number and Fax Number Phone: _____ Fax: _____	2d. Website / Hours of Operation
3. Federal Employer ID#	4. Minnesota Tax ID#

5. Organization Type:

- | | |
|--|---|
| <input type="checkbox"/> Nonprofit
<input type="checkbox"/> Association
<input type="checkbox"/> Farming organization
<input type="checkbox"/> Religious organization
<input type="checkbox"/> Tribal Entity | <input type="checkbox"/> Chamber of Commerce
<input type="checkbox"/> Insurance producer
<input type="checkbox"/> Coalition / collaborative
<input type="checkbox"/> State or Local Government
<input type="checkbox"/> Other _____ |
|--|---|

6. Primary Contacts

6a. Primary Contact's Name	Primary Contact's Phone Number	Primary Contact's Email Address
6b. Contract Representative's Name	Contract Rep's Phone Number	Contract Rep's Email Address

7. Name(s) of individuals involved with the preparation of this Proposal (to assist in determining potential conflict of interest):

By submission of this Proposal, the Primary Contact (Responder) warrants that:

- The information provided is true, correct and reliable for purposes of evaluation for potential contract award. Responder understands that the submission of inaccurate or misleading information may be grounds for disqualification from selection as well as subject the Responder to suspension or debarment proceedings as well as other remedies available by law.
- It is competent to provide all the services set forth in its Proposal.



- Each person signing a section of this Proposal is authorized to make decisions as to the prices quoted and/or duties proposed and is legally authorized to bind the company to those decisions.
- If it has relationships that create, or appear to create, a conflict of interest with the work that is contemplated in this request for proposals, Responder will provide, along with this form, a list containing the names of the entities, the relationship, and a discussion of the conflict.
- 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 MNSure, or the vendor's objectivity in performing the contract work is or might be otherwise impaired, or the vendor has an unfair competitive advantage. Responder agrees that, if after award, an organizational conflict of interest is discovered, an immediate and full disclosure in writing will be made to MNSure's Navigator Broker Manager which will include a description of the action which Responder has taken or proposes to take to avoid or mitigate such conflicts. If an organization conflict of interest is determined to exist, MNSure may, at its discretion, cancel the grant and 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 MNSure, MNSure 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 MNSure's rights.
- No attempt has been made or will be made by Responder to induce any other person or firm to submit or not to submit a Proposal.

8. By signing this statement, you certify that the information provided is accurate and that you are authorized to sign on behalf of, and legally bind, the Responder.

Authorized Signature: _____

Printed Name: _____

Title: _____

Date: _____ Telephone Number: _____