

**EXHIBIT B
CERTIFICATIONS AND ASSURANCES
RFP # 15-008**

I/we make the following certifications and assurances as a required element of the proposal to which it is attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract(s):

1. I/we declare that all answers and statements made in the proposal are true and correct.
2. The prices and/or cost data have been determined independently, without consultation, communication, or agreement with others for the purpose of restricting competition. However, I/we may freely join with other persons or organizations for the purpose of presenting a single proposal.
3. The attached proposal is a firm offer for a period of 120 days following receipt, and it may be accepted by the Health Care Authority (HCA) without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 120-day period.
4. In preparing this proposal, I/we have not been assisted by any current or former employee of the state of Washington whose duties relate (or did relate) to this proposal or prospective contract, and who was assisting in other than his or her official, public capacity. Neither does such a person nor any member of his or her immediate family have any financial interest in the outcome of this proposal or bid. (Any exceptions to these assurances are described in full detail on a separate page and attached to this document.)
5. I/we understand that the HCA will not reimburse me/us for any costs incurred in the preparation of this proposal. All proposals become the property of the HCA, and I/we claim no proprietary right to the ideas, writings, items, or samples, unless so stated in this proposal.
6. I/we agree to accept the rates set within this RFP for the Apple Health – Fully Integrated Managed Care Medicaid Contract.
7. Unless otherwise required by law, the prices and/or cost data which have been submitted have not been knowingly disclosed by the Proposer and will not knowingly be disclosed by him/her prior to opening, directly or indirectly to any other Proposer or to any competitor.
7. I/we agree that submission of the attached proposal constitutes acceptance of the solicitation contents and Attachment 1 – Sample Contract and general terms and conditions. **If there are any exceptions to these terms, I/we have described those exceptions in detail on a page attached to this document.**
8. No attempt has been made or will be made by the Proposer to induce any other person or bidder to submit or not to submit a proposal for the purpose of restricting competition.
9. I/we grant the HCA the right to contact references and others, who may have pertinent information regarding the Proposer's prior experience and ability to perform the services contemplated in this procurement.

Signature of Proposer

Title

Date

By signing this agreement I affirm that I have authority to bind the Bidder to the content of this form