

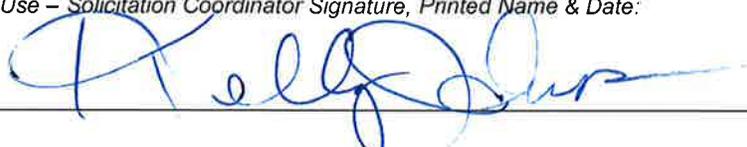
TECHNICAL RESPONSE & EVALUATION GUIDE

SECTION A: MANDATORY REQUIREMENTS. The Respondent must address all items detailed below and provide, in sequence, the information and documentation as required (referenced with the associated item references). The Respondent must also detail the response page number for each item in the appropriate space below.

The Solicitation Coordinator will review the response to determine if the Mandatory Requirement Items are addressed as required and mark each with pass or fail. For each item that is not addressed as required, the Proposal Evaluation Team must review the response and attach a written determination. In addition to the Mandatory Requirement Items, the Solicitation Coordinator will review each response for compliance with all RFP requirements.

RESPONDENT LEGAL ENTITY NAME:		Centurion of Tennessee, LLC	
Response Page # (Respondent completes)	Item Ref.	Section A— Mandatory Requirement Items	Pass/Fail
1		The Response must be delivered to the State no later than the Response Deadline specified in the RFP Section 2, Schedule of Events.	Pass
1		The Technical Response and the Cost Proposal documentation must be packaged separately as required (refer to RFP Section 3.2., <i>et. seq.</i>).	Pass
1		The Technical Response must NOT contain cost or pricing information of any type.	Pass
1		The Technical Response must NOT contain any restrictions of the rights of the State or other qualification of the response.	Pass
1		A Respondent must NOT submit alternate responses (refer to RFP Section 3.3.).	Pass
1		A Respondent must NOT submit multiple responses in different forms (as a prime and a sub-contractor) (refer to RFP Section 3.3.).	Pass
2	A.1.	Provide the Statement of Certifications and Assurances (RFP Attachment 6.1.) completed and signed by an individual empowered to bind the Respondent to the provisions of this RFP and any resulting contract. The document must be signed without exception or qualification.	Pass
5	A.2.	Provide a statement, based upon reasonable inquiry, of whether the Respondent or any individual who shall cause to deliver goods or perform services under the contract has a possible conflict of interest (<i>e.g.</i> , employment by the State of Tennessee) and, if so, the nature of that conflict. NOTE: Any questions of conflict of interest shall be solely within the discretion of the State, and the State reserves the right to cancel any award.	Pass
6	A.3.	Provide a current bank reference indicating that the Respondent's business relationship with the financial institution is in positive standing. Such reference must be written in the form of a standard business letter, signed, and dated within the past three (3) months.	Pass
10	A.4.	Provide two current positive credit references from vendors with which the Respondent has done business written in the form of standard business letters, signed, and dated within the past three (3) months.	Pass
13	A.5.	Provide an official document or letter from an accredited credit bureau, verified and dated within the last three (3) months and indicating a satisfactory credit rating for the Respondent (NOTE: A credit bureau report	Pass

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		number without the full report is insufficient and will <u>not</u> be considered responsive.)	
98	A.6.	<p>Provide a valid, Certificate of Insurance that is verified and dated within the last six (6) months and which details <u>all</u> of the following:</p> <p>(a) Name of the Insurance Company</p> <p>(b) Respondent's Name and Address as the Insured</p> <p>(c) Policy Number</p> <p>(d) The following minimum insurance coverages:</p> <p>(i) Workers' Compensation/ Employers' Liability (including all states coverage) with a limit not less than the relevant statutory amount or One Million Dollars (\$1,000,000.00) per occurrence for employers' liability;</p> <p>(ii) Comprehensive Commercial General Liability (including personal injury and property damage, premises/operations, independent contractor, contractual liability and completed operations/products) with a bodily injury/property damage combined single limit not less than One Million Dollars (\$1,000,000.00) per occurrence and Two Million Dollars (\$2,000,000.00) aggregate;</p> <p>(iii) Automobile Coverage (including owned, leased, hired, and non-owned vehicles) with a bodily injury/property damage combined single limit not less than One Million Dollars (\$1,000,000.00) per occurrence; and</p> <p>(iv) Professional Malpractice Liability with a limit of not less than One Million Dollars (\$1,000,000.00) per claim.</p> <p>(e) The following information applicable to each type of insurance coverage:</p> <p>(i) Coverage Description,</p> <p>(ii) Exceptions and Exclusions,</p> <p>(iii) Policy Effective Date,</p> <p>(iv) Policy Expiration Date, and</p> <p>(v) Limit(s) of Liability.</p>	Pass
100	A.7.	<p>Provide the Respondent's most recent independent audited financial statements. Said independent audited financial statements <u>must</u>:</p> <p>(1) reflect an audit period for the most recent available fiscal year;</p> <p>(2) be prepared with all monetary amounts detailed in United States currency;</p> <p>(3) be prepared under United States Generally Accepted Accounting Principles (US GAAP);</p> <p>(4) include the auditor's opinion letter; financial statements; and the notes to the financial statements; and</p> <p>(5) be deemed, in the sole discretion of a C.P.A. employed by the State and charged with the financial document review of the Respondent, to reflect sufficient financial stability to undertake the subject contract with the State if awarded pursuant to this</p>	Pass

RESPONDENT LEGAL ENTITY NAME:		Centurion of Tennessee, LLC	
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		<p>RFP.</p> <p>NOTES:</p> <ul style="list-style-type: none"> Reviewed or Compiled Financial Statements will not be deemed responsive to this requirement and will <u>not</u> be accepted. <p>All persons, agencies, firms, or other entities that provide opinions regarding the Respondent's financial status <u>must</u> be properly licensed to render such opinions. The State may require the Respondent to submit proof that the person or entity who renders an opinion regarding the Respondent's financial status is licensed, including the license number and state in which the person or entity is licensed.</p>	
191	A.8.	Provide a statement confirming that, if awarded a contract pursuant to this RFP, the Respondent shall deliver a Performance Bond to the State in accordance with the requirements of this RFP. The statement must be signed by an individual with legal authority to bind the Respondent to the provisions of this RFP and any contract awarded pursuant to it.	Pass
195	A.9.	The Department acknowledges that vendors may develop creative partnerships through joint ventures, mergers, subcontracting, newly formed entities, etc., in order to design the ideal solution for the State. Therefore, though the Department seeks a single entity for contracting purposes, the combined experience of parties to a consortium of bidding entities will count towards meeting the experience requirements. If a proposal is to be submitted on behalf of a "partnership", outline the partners along with their individual and combined experience, a description of the 'partnership, a written explanation of who is authorized to speak for the partnership, and a written explanation of the authority the speaker for the "partnership" has to compel the participants to agree to and perform under the contract.	Pass
198	A.10.	To ensure the bidding entity is qualified to serve inmate populations in prison settings, the vendor(s), whether responding independently, as a partnership, as a joint venture, or with a response that proposes utilization of subcontractor(s), must collectively have at least five (5) total years of business/corporate experience providing comprehensive healthcare with sufficient levels of services in all areas comparable to the service levels sought via this RFP. If a proposal is to be submitted on behalf of a "partnership", please confirm in writing that the partners individual years of experience and that they collectively have a minimum of five (5) total years of business/corporate experience providing comprehensive healthcare with sufficient levels of services in all areas comparable to the service levels sought via this RFP.	Pass
<p>State Use – Solicitation Coordinator Signature, Printed Name & Date:</p>  4/26/17			

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<p>State Use - Solicitation Coordinator Signature, Printed Name & Date:</p> <p><i>Heley Jones</i>, 6/22/17 SME only reviewed A.5., A.6., and A.7.</p> <p><i>Cooper N. Callimare</i> (SME) 6/22/2017</p>			