## **VENDOR REQUIREMENTS**

Legal Business Name:	
DBA (if applicable):	
Address:	
Executive Director:	
Contact Name:	
Email:	Phone:

	SECTION VI REQUIRED NARRATIVE / DOCUMENTS					
SUB-SECTION	INFORMATION	NOTES				
VI(A)(1) VENDOR PROFILE	Vendor Cover Sheet (Attachment B)  Narrative Description (5 items)  Proof of Business Entity					
VI(A)(3) INSURANCE	Worker's Compensation Insurance Coverage General Liability Insurance Coverage Vehicle Liability Insurance Coverage					
VI(I)(4) REFERENCES	Letters of Reference (2)					
SUB-SECTION	INFORMATION	NOTES				
VII(B)(2) NON- EMERGENCY TRANSPORTATION SERVICES AND FEES	Narrative Description (1 item)					
VII(C) COSTS / FEES	Vendor Services Cost Summary	Must state unit rate and what is included within that rate. Must attest that this rate was determined independently.				

## Section IV (Proposal Submission):

- One (1) original and five (5) printed copies of each proposal shall be submitted (six (6) copies total).
- One (1) emailed copy of the proposal shall be submitted to <a href="mailto:providers@region10pihp.org">providers@region10pihp.org</a>.

## Section V (Notification of Intent to Bid):

• The Provider is requested to inform the PIHP of their intent to bid by the end of business day on December 2, 2025 via an email to providers@region10pihp.org. The email shall be clearly labeled with subject line "SUD RFP INTENT TO BID."

## SIGNED STATEMENT OF AUTHORITY

1	AM THE							
	Nam	e of Official			Fitle of Official			
OF		(D: II: 0						
	Nan	ne of Bidding Orga	anization					
Thr	ough	n signature below, I	hereby certify that our org	anization meets the	following minimum requirements (check	c applicable boxes):		
		necessary comput	ter equipment, compatible ervices and submit data ar	software and Intern	and clerical support for the program. The connections to be able to electronical tive and maintained email account that	ly request		
					, racial, age, and economically diversifies sible and acceptable to individuals and a			
		•	Federal Confidentiality, Priv itle 42 (Public Health) of th	•	egulations and State Confidentiality law Regulations (CFRs).	s, which includes		
Sig	natu	ire			Date			