

**Application and Attestation to the State of Illinois**

The undersigned authorize representative of the identified applicant hereby submits this application to perform in full compliance with the subject request for application. By completing and signing this form, the applicant makes an application to the State of Illinois that the State may accept.

Applicant shall use this form as the final check to ensure that all required documents are completed and included with the application. Applicant shall mark each blank below as appropriate. Applicant acknowledges that failure to meet all requirements is cause for disqualification.

**GENERAL REQUIREMENTS**

**APPLICATION REVIEW:** Applicant reviewed the Request for Application, including all referenced documents and instructions, completed all blanks, provided all required information, and demonstrated how it will meet the requirements of the State of Illinois.

Yes No

**APPENDICES AND ATTACHMENTS:** Applicant acknowledges receipt of any and all appendices and attachments to the response and has taken those into account in making this response.

Yes No

**LETTER OF INTENT:** Applicant submitted a Letter of Intent for this Request for Application and ensured that all information presented in that LOI was accurate.

Yes No

**PRELIMINARY RATE INFORMATION:** Applicant acknowledges receipt of the preliminary rate calculation workbook and methodology letter.

Yes No

**APPLICANT SUBMISSION:** Applicant is submitting the correct number of copies, correctly organized, sent to the correct location, to be delivered by the due date and time.

Yes No

**REQUEST FOR CONFIDENTIAL TREATMENT:** Applicant is submitting a request for confidential treatment and has submitted its redacted response as specified.

Yes No

**DISCLOSURES RELATED TO ELIGIBILITY, COMPLIANCE, LITIGATION, AND ENFORCEMENT:** Applicant has read section 3.2; sections 4.5.1.7 and 4.5.1.8; and sections 4.5.2.3, 4.5.2.4, and 4.5.2.5 and has fully described within the technical response any applicable circumstance for your organization as described in these sections for HFS to evaluate.

Yes No

**TAB 1: TRANSMITTAL LETTER, AND APPLICATION TO THE STATE OF ILLINOIS**

**TRANSMITTAL LETTER:** Applicant is submitting a transmittal letter as specified in this RFA.

Yes No

**APPLICATION TO THE STATE OF ILLINOIS:** Applicant is submitting this completed form as specified in this RFA.

Yes No

**TAB 2: APPLICATION REQUIREMENTS**

**FINANCIAL CONDITION:** Applicant is submitting its financial condition as specified in this RFA, including each of the following components.

- |       |                                      |                              |                             |
|-------|--------------------------------------|------------------------------|-----------------------------|
| 4.4.1 | Audited Financial Statements         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4.4.2 | Balance Sheet                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4.4.3 | Documentation of Lines of Credit     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4.4.4 | Bankruptcy and/or Insolvency Filings | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**APPLICANT PROFILE:** Applicant is submitting its Applicant Profile as specified in this RFA, including each of the following components:

- |       |   |                              |                             |
|-------|---|------------------------------|-----------------------------|
| 4.5.1 | Organization Profile and Background                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4.5.2 | Applicant Experience                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4.5.3 | List of Individuals in an Administrative Capacity         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4.5.4 | References  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4.5.5 | Provider Network including Network Plan Form (Excel file) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**TAB 3: TECHNICAL RESPONSE**

**TECHNICAL RESPONSE:** Applicant is submitting its response to the technical requirements section as specified in this RFA.

Yes No

**NETWORK PLAN:** Applicant has completed and is submitting its network plans in the separate excel file as specified in this RFA.

Yes No

**TAB 4: RFA FORMS FOR SUBMISSION**

**REFERENCES:** Applicant has completed and is submitting references as specified in this RFA.

Yes  No

**SUBCONTRACTOR DISCLOSURES:** Applicant is submitting its Subcontractor Disclosures as specified in this RFA.

Yes  No

By completing and signing this Application and Attestation Checklist, the applicant is asserting the application submission is complete and truthful.

**Signature of Authorized Representative:**

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**Printed Name of Signatory:**

\_\_\_\_\_

**Applicant Name:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Phone:**

\_\_\_\_\_

**Email:**

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