

REQUEST FOR PROPOSAL FWBP-EIS-25-007

Attachment J – Bidder Attestation Form

The purpose of this attestation form is to verify that any bidder submitting a proposal in response to the More Options for Maternal Support Program (MOMS) Pregnancy Support Services Providers Request for Proposal (RFP), FWBP-EIS-25-007 meets the Bidder Eligibility Requirements as defined in the RFP and in Iowa Code 217.41C, Section 4, items a, b, and c.

4. A subcontractor providing pregnancy support services under the program shall meet all of the following requirements:
- Be a nonprofit organization incorporated in this state with a tax-exempt status pursuant to section 501(c)(3) of the Internal Revenue Code.
 - Have a minimum of one year of operational experience in either providing core pregnancy support services or managing a network of providers of pregnancy support services as a subcontractor.
 - Have a primary mission of promoting healthy pregnancies and childbirth instead of abortion.

The Agency requires that **all** Bidders fill out, sign, and return this attestation with their Bid Proposal submission. Failure to do so may result in Bidder disqualification.

Instructions:

(Return this completed form with Bid Proposal.)

Bidder Information:

Business Legal Name (“Bidder”):	
“Doing Business As” names, assumed names, or other operating names:	
Parent Corporation Name and Address of Headquarters, if any:	

Attestation:

On behalf of the above-listed entity, I hereby certify that the following is true and accurate, and I hereby acknowledge that this certification is material to the State of Iowa obligations under the More Options for Maternal Support (MOMS) Program Pregnancy Support Service Providers RFP FWBP-EIS-25-007:

Certification Statement and Signatory:

Please certify that each of the statements below is true and accurate by checking each box. Each statement must be certified for the attestation to be completed. This form must be signed by an individual authorized on behalf of the Bidder entity.

- I certify that my entity meets the requirements of [Iowa Code 217.41C](#) and is eligible to submit a Bid to provide MOMS Program Pregnancy Support Services.
- I certify that my entity is a nonprofit entity incorporated in the state of Iowa with a tax-exempt status pursuant to section 501(c)(3) of the Internal Revenue Code.
- I certify that my entity has at least one (1) year of operational experience in either providing core Pregnancy Support Services or managing a network of providers of Pregnancy Support Services as a subcontractor.
- I certify that my entity has a primary mission of promoting healthy pregnancies and childbirth instead of abortion.

Authorized Signature:	
Date:	
Printed Name of person completing this form:	
Contact Phone Number:	
Email Address:	