

Attachment H - Bidders Attestation Form

More Options for Maternal Support (MOMS) Program Administrative Services RFP FWBP-EIS-24-116

The purpose of this attestation form is to verify that any bidder submitting a proposal in response to the More Options for Maternal Support (MOMS) Program Administrative Services Request for Proposal (RFP), # FWBP-EIS-24-116, meets the Bidder Eligibility Requirements as defined in the RFP and in [Iowa Code 217.41C](#), Section 3, items a, b and c.

3. The department of human services shall issue a request for proposals to select a program administrator for the program. A program administrator shall meet all of the following requirements:

- a. Be a nonprofit entity incorporated in this state with a tax-exempt status pursuant to section 501(c)(3) of the Internal Revenue Code.
- b. Have systems and processes in place that have been used for at least three years to successfully manage a statewide network of subcontractors providing pregnancy support services.
- c. Have a commitment to promoting healthy pregnancies and childbirth instead of abortion as a fundamental part of the program administrator’s mission.

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 behind Tab 6 of the 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) Administrative Services Program:

Certification Statement and Signatory for MOMS Program Administrative Services Attestation:

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 Administrative 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 systems and processes in place that have been used for at least three (3) years to successfully manage a statewide network of subcontractors providing pregnancy support services.
- I certify that my entity is committed to promoting healthy pregnancies and childbirth instead of abortion as a fundamental part of the program administrator’s mission.

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