

Blackout Period Potential Respondent Notice & Attestation

This Blackout Period Attestation is regarding Request for Proposal Number [31865-00916].

A blackout period has been instituted for any communication with TennCare personnel, other than the Solicitation Coordinator listed below, regarding this solicitation. Any such communication during a blackout period is considered improper communication. This blackout period will continue through the procurement process until the award of the contract. To disseminate uniform response to all inquiries and in accordance with RFP Section 1.4, any inquiries regarding this solicitation **must** be submitted to the Solicitation Coordinator:

Sharon Way
Division of TennCare
310 Great Circle Road, Nashville, TN 37243
(615) 339-1741
Sharon.D.Way@tn.gov

Nothing in this is notice and attestation shall prohibit communications relative to services provided under current contracts or agreements. However, all communication must be limited solely to existing contracts or agreements and work performed thereunder.

By completing this Attestation, _____ acknowledges the following:

1. Improper communication or access to RFP information could jeopardize the integrity or successful completion of the [_____] RFP [31865-00916].
2. [_____] has conducted a reasonable inquiry and confirmed that no personnel or subcontractors, including affiliates, have engaged in improper communications with the TennCare employees or contractors regarding this solicitation.
3. [_____] attests that it will ensure no personnel or subcontractors, including affiliates, engage in improper communications with TennCare employees or contractors regarding this solicitation.
4. [_____] attests that if it becomes aware of any improper communication or access to RFP information, it will be immediately reported to the Solicitation Coordinator.
5. Failure to abide by this attestation may result in disqualification from consideration under this procurement.

IN WITNESS WHEREOF:

Signed: * _____ Date: _____

Potential Respondent Full Company Name: _____

Potential Respondent Employee Name: _____

Potential Respondent Employee Title: _____

Potential Respondent Email: _____