

## FORM B: Open Enrollment Application Checklist

Department of State Health Services  
 Medical Staffing for a Declared Emergency/Disaster Event  
 Open Enrollment Application - OE No. HHS0014039

Each Enrollment Application Must Contain the Following Completed Items:

Document	Check (√), if included
EXHIBIT A: HHS Solicitation Affirmations - Must be completed and signed.	
EXHIBIT D-1, Attachment 2, Security and Privacy Initial Inquiry, to Data Use Agreement (if applicable)	
EXHIBIT E-1, Attachment 2, Security and Privacy Initial Inquiry, to Data Use Agreement – Governmental Entity (if applicable)	
EXHIBIT F: Federal Assurances, Non-Construction Programs Must be completed and signed.	
EXHIBIT G: Federal Certification Regarding Lobbying Must be completed and signed.	
EXHIBIT H Fiscal Federal Funding Accountability and Transparency Act (FFATA)	
FORM A: Face Page – Completion and Signature Required	
FORM B: Open Enrollment Application Checklist – Completion Required	
FORM C: Contact Person Information Form – Completion Required	
FORM D: Vendor Information Form – Completion and Signature Required	
FORM E: Written Acknowledgment of Completion of Cybersecurity Training	
FORM F Notice of Criminal Offense Self-Reporting - Completion and Signature Required	
Documentation of demonstrated experience. Minimum Qualifications – Reference Section # 6	

<p>Three (3) references for contracts of similar size and scope of services with the 17 years. Minimum Qualifications – Reference Section # 6</p>	
<p>Documentation of qualifications to confirm the Applicant meets the minimum requirements. This applies to the Applicant’s business, Subcontractor(s) and both Applicant’s and Subcontractor’s personnel. Minimum Qualifications – Reference Section # 6</p>	
<p>Organizational chart for the key staff members who will be responsible for the performance of the services requested under this OE.</p>	
<p>Applicant’s approach to meeting the requirements of the Statement of Work including any other requirements of this OE.</p>	
<p>The entity type (e.g., Private, Non-Profit, State Agency, Local Government, etc.). If a corporation, provide State of Incorporation and filing number.</p>	
<p>If applicable, a detailed written descriptions of any insolvency, incapacity, and outstanding unpaid obligations of Applicant owed to the Internal Revenue Service (IRS) or the State of Texas, or any agency or political subdivision of the State of Texas.</p>	
<p>Proof of Insurance - Reference Section #10</p>	
<p>If applicable, a proposed alternative method of insuring the Contract, if awarded, and a detailed explanation regarding Applicant's inability to obtain the required insurance and/or bonds.</p>	