

Attachment G: Approved Subcontractors

Instructions: Provide responses below for each Question for each Subcontractor that the Respondent proposes to perform any of the Services under this Contract. If additional Subcontractors are proposed, please copy and insert the applicable tables and update the header (i.e. Subcontractor#3).

Question		Reply
I. Subcontractor #1		
SQ-1	Provide the name of the proposed Subcontractor.	
SQ-2	Provide the address, and telephone number of the proposed Subcontractor.	
SQ-3	Provide the address of the Subcontractor office that will be performing any of the required services under this Contract.	
SQ-4	Provide the name, phone number and email address of the contact person at the Subcontractor related to the performance of contract resulting from this RFQ.	
SQ-5	Provide the Federal Employer Identification Number (Employer ID or Federal Tax ID, FEID) of the proposed subcontractor.	
SQ-6	Briefly describe the history of the Subcontractor's company.	
SQ-7	Specifically, what roles (duties, tasks, administrative services, etc.) will the Subcontractor have in the performance of the Contract?	
SQ-8	Describe the process in place to monitor the performance of the Subcontractor and measure the quality of its results.	

SQ-9	List any services for which the Subcontractor will be solely responsible and describe how the Respondent will monitor and manage the Subcontractor's performance of those services.	
SQ-10	Describe the process that Respondent will implement during the Contract term to ensure that background checks (as described in the Contract) will be completed by the Subcontractor.	
SQ-11	Describe any significant government action or litigation taken or pending against the Subcontractor or its subcontractors during the last five (5) years.	
SQ-12	Is the Subcontractor compliant with all applicable HIPAA administrative simplification rules?	
SQ-13	What procedures have been implemented by the Respondent to ensure subcontractor compliance with the Contract?	
SQ-14	Respondent agrees to no offshoring State of Florida Account information.	
SQ-15	Describe the Respondent's process to identify, notice and remedy instances of offshoring account information.	
SQ-16	Is this Subcontractor a Minority Business Enterprise (CMBE) or Woman Owned Business (WBE) certified by the State of Florida?	