**Exhibit E: Affiliated Organization Attestation**

*Affiliated Organization means a party that, directly or indirectly through one or more intermediaries, controls, is controlled by, or is under common control with an entity.*

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| --- | --- | --- |
| Offeror Name: |  |  |

Affiliated Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All Offerors must select one of the following:**

\_\_\_\_ The Offeror is bidding as an Affiliated Organization and attests to the following:

The Offeror shall come into compliance with the Affiliated Organization requirements of the RFP YH19-0001 no later than October 1, 2018.

* + If the Offeror awarded an AHCCCS Complete Care Contract (the AHCCCS Complete Care Contractor) has an Affiliated Organization that holds an AHCCCS RBHA contract serving one or more counties in the same Geographic Service Area (the RBHA affiliate), the Offeror shall make arrangements for a single legal entity to hold both the RBHA and AHCCCS Complete Care Contract effective on or before October 1, 2018. This requirement does not apply to Gila or Pinal County.
  + The Offeror shall establish a single brand and market the services provided under both the AHCCCS Complete Care Contract and the RBHA contract as a single product.

\_\_\_\_ The Offeror is not bidding as an Affiliated Organization.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | |  |  |
| Company Name | | |  | Signature of Person Authorized to Sign |
|  | | |  |  |
| Address | | |  | Printed Name |
|  | | |  |  |
| City | State | Zip |  | Title |