ATTACHMENT A
PROPOSAL SUBMITTAL FORM

REQUEST FOR PROPOSAL (RFP)
DOULA BILLING SOLUTION AND SUPPORT

(Please type all information below)

Respondents must complete and submit this Proposal Submittal Form signed and dated by the entity's Authorized Representative.

Part I: Respondent Information

Respondent's Legal Entity Name	
Business Name, if different from above	
Principal Location Street Adress Floor/Suite City, State and Zip Code	
Website URL	
Ownership	☐ Public ☐ Partnership ☐ Subsidiary ☐ Other, please specify: _____
Business Certifications	☐ Minority Business Enterprise (MBE) ☐ Women Business Enterprise (WBE) ☐ Locally-based Business Entity (LBE) If you checked any of the above, have you been certified? ☐ Yes ☐ No If yes, by which agency: _____
Employer Identification Number	
Year Established	
State of Incorporation	
Contact Person for Proposal Name Title Email/Phone Number	

Part II: Submission Checklist

	Requirement	Included
1.	Proposal Submittal Form – Attachment A has been completed, signed and included in the submission package.	☐
2.	Technical and Functional Capabilities Matrix – Attachment B has been completed and included in the submission package.	☐

3.	NYC Cloud Vendor Security Questionnaire and Assessment – Attachment C has been completed and included in the submission package.	☐
4.	IRS Form W-9 has been completed, signed and included in the submission package.	☐
5.	All information requested to be included in the Technical Proposal in Section 3.3 Proposal Content has been submitted.	☐
6.	3 Client References have been included in the Technical Proposal.	☐
7.	Per Section 1.6 of the RFP, the Respondent has reviewed FPHNYC's Standard Services Agreement [Appendix A], NYC's Cloud Services Agreement [Appendix B], NYC's AI Rider [Appendix C], and NYC's Business Associate Agreement [Appendix D].	☐
8.	Per Section 1.6 of the RFP, the Respondent has submitted any requested exceptions or deviations from the agreements above for consideration.	☐
9.	Price Proposal – Attachment D has been completed and included in the submission package.	☐

Part III: Required Certifications

By signing below, the Respondent, through its authorized representative, certifies that:

- The undersigned is authorized to submit the proposal and bind the Respondent. The proposal and all attachments are true, complete, and accurate to the best of the Respondent's knowledge.
- The Respondent has reviewed and understands all information contained in the Doula Billing Solution and Services RFP (FPHNYC Solicitation #2026-06), including all attachments and addenda.
- The proposal was developed independently and without collusion, consultation, communication, or agreement with another respondent regarding pricing, proposal content, or allocation of work, except for disclosed subcontractor arrangements.
- This proposal shall hold for a period of 120 calendar days from the Proposal due date.
- The Respondent understands that issuance of the RFP does not guarantee an award, minimum purchase, service volume, option exercise, renewal, or reimbursement of proposal costs.
- The Respondent understands that any selection or notice of intent to award is conditional and that no contractual right exists unless FPHNYC receives all required approvals and the parties execute a written agreement.

Part IV. Authorized Certification

I certify that I am authorized to make these certifications on behalf of the Respondent and that the information submitted is true, complete, and accurate.

Signature of Authorized Representative Date

Printed Name and Title of Authorized Representative

Email Address Phone Number