

Exhibit D – Mandatory Requirements

ATTESTATION TO COMPLIANCE WITH CORPORATE AND STAFFING REQUIREMENTS

On behalf of _____ (Business Entity Name),
I, _____ (Name of Business Entity Authorized Representative), have read and understood the corporate and staffing requirements of this project. I hereby affirm that I am an authorized representative of the business entity and that through my signature below, _____ (Business Entity Name) agrees to comply with all the conditions set forth within the RFP related to corporate and staffing requirements.

I acknowledge that the Commonwealth of Puerto Rico will be relying upon the information provided by the Vendor through the proposal submission process. If such representations provided by my business entity shall cease to be true and accurate in any respect, I shall give immediate notice of such fact to the Commonwealth of Puerto Rico.

Authorized Representative's Signature

Printed Name

Title

Date (mm/dd/yyyy)

Exhibit D - Mandatory Requirements

ATTESTATION TO COMPLIANCE WITH SCOPE OF WORK

On behalf of _____ (Business Entity Name),
I, _____ (Name of Business Entity Authorized Representative), have read and understood the scope of this project.

I hereby affirm that I am an authorized representative of the business entity and that through my signature below, _____ (Business Entity Name) agrees to comply with all associated scope, timelines, milestones, and deliverables of this project.

Authorized Representative's Signature

Printed Name

Title

Date (mm/dd/yyyy)

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ATTESTATION TO COMPLIANCE WITH TERMS AND CONDITIONS

On behalf of _____ (Business Entity Name),
I, _____ (Name of Business Entity Authorized Representative), have read and understood the general terms and conditions set forth within the RFP. I hereby affirm that I am an authorized representative of the business entity and that through my signature below, _____ (Business Entity Name) agrees to comply with the stated conditions.

Authorized Representative's Signature

Printed Name

Title

Date (mm/dd/yyyy)

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ATTESTATION TO COMPLIANCE WITH SOFTWARE TERMS AND CONDITIONS

On behalf of _____ (Business Entity Name),
I, _____ (Name of Business Entity Authorized Representative), have read and understood the special terms and conditions set forth within the RFP regarding software access, licensing, and ownership rights. I hereby affirm that I am an authorized representative of the business entity and that through my signature below, _____ (Business Entity Name) agrees to comply with the stated conditions.

Authorized Representative's Signature

Printed Name

Title

Date (mm/dd/yyyy)

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ATTESTATION TO COMPLIANCE WITH VITAL RECORDS EXPERIENCE

The software vendor must have a minimum of ten years (10) of vital records systems experience with at least three (3) implementations of a complete electronic vital records systems (EVRS) within the United States. A complete EVRS is defined as a complete NCHS/VSCP standards compliant for birth, death, fetal death modules and point of sale integrated with the registration modules.

State	Modules	Start – Finish Date

The software vendor must have, within the last two (2) years, an interoperability implementation with a jurisdictional medical examiners, hospital or health exchange within the United States.

State / Stakeholder Group	Interoperability with which System (CMS, EMR, Funeral Home System?)	Start – Finish Date

I hereby affirm that I am an authorized representative of the business entity and that through my signature below, _____ (Business Entity Name)

I attest that the above information is true and accurate.

Authorized Representative's Signature

Printed Name

Title

Date (mm/dd/yyyy)