



DEPARTMENT OF

HEALTH

GOVERNMENT OF PUERTO RICO

ADMINISTRATION OFFICE
Auction Administrative Support Section

INVITATION AND REQUEST FOR PROPOSALS (RFP)

RFP-SP-2025-2026-006-PR-MIECH-VIS-PROG-R-1

CONTRACTING NOTICE FOR PROFESSIONAL SERVICES TO IMPLEMENT THE
PUERTO RICO MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING
PROGRAM (PR-MIECHVP) IN PONCE, VILLALBA AND JUANA DIAZ

PUBLICATION DATE

Thursday, November 06, 2025

DEADLINE FOR SUBMITTING QUESTIONS

On or before Thursday, November 13, 2025, at 2:00 p.m.

subastas@salud.pr.gov

DEADLINE FOR ANSWERING QUESTIONS

On or before Monday, November 17, 2025, at 5:00 p.m.

DEADLINE FOR SUBMISSION OF THE PROPOSAL

On or before Tuesday, December 02, 2025, at 2:00 p.m.

In San Juan, Puerto Rico on Thursday, November 06, 2025,



Carlos A. Padilla Cruz

Interim Manager

Auction Support Section

Office of Administration

LEGAL BASIS

In accordance with Law No. 81 of March 14, 1912, as amended; Act No. 237 of 31 August 2004, as amended; Administrative Bulletin No. OE-2021-029 of April 27, 2024; Administrative Order 2023-581 of December 21, 2023, as amended and those applicable and current laws, orders, memoranda, and/or administrative bulletins, as of the date of publication, establish the requirements for the Request for Proposals (RFP).

BACKGROUND

The Puerto Rico Department of Health (PRDOH) is the state agency responsible for all matters related to public health including the administration of programs funded through the Title V Block Grant. PR Title V consists of the Maternal, Child and Adolescent Health Program (MCAH) housed in the Maternal, Child and Adolescent Section (MCAS), and the Children with Special Health Care Needs Program (CSHCN) located in the Children with Special Medical Needs Section (CSMNS). Puerto Rico Title V provides services and implements initiatives in the seven PRDOH Health Regions. Within the MCAH, the Maternal, Infant and Early Childhood Home Visiting Program (MIECHVP) addresses the areas of women's health, pregnant women's health, infant health, and child health.

The MCAH of PRDOH administers the Puerto Rico Maternal, Infant and Early Childhood Home Visiting Program (PR-MIECHVP), known locally as *Familias Saludables Puerto Rico* (FSPR). The Program purpose is to offer services to high-risk pregnant women using strength based, family-centered partnerships and relationship-based interactions. PR-MIECHVP intends to continue improving the home visiting services available in Puerto Rico that strive to improve its maternal, child, and family health by increasing the capacity to effectively deliver evidence-based home visiting services implemented with fidelity. The program uses the Healthy Families America (HFA) evidence-based home visiting model with the Growing Great Kids (GGK) evidence-based curriculum. PR-MIECHVP has been impacting high risk mothers from Barranquitas, Orocovis, Maunabo, Patillas, Arroyo, Lares, Quebradillas, Santa Isabel, Salinas, Toa Alta, and Naranjito. These eleven municipalities have been identified with high incidence of health, socioemotional, and socioeconomic risk factors. To deliver the services, PRDOH contract Local Implementing Agencies (LIAs) to deliver the services in the municipalities selected from the 2020 MIECHV Statewide Needs Assessment.

PR-MIECHVP must meet with the established selection criteria negotiated by the federal Health Resources and Services Administration (HRSA), giving priority to:

- Families with low socioeconomic status.
- Pregnant women who meet the selection criteria.
- Women and infants with a history of child abuse or neglect, or who receive services from the Department of the Family.

- Women with a history of substance abuse or who need treatment for substance abuse, or who live in homes where tobacco is used.
- Families with children who show signs of poor school performance, developmental delays or disabilities.
- Families who serve in the armed forces or that have served in the armed forces.

The Maternal, Child and Adolescent Health Section (MCAHS) promotes and fosters the active participation of nonprofit community-based organizations (CBOs) for the delivery of these services.

OBJECTIVES OF THE PROPOSAL

The LIA that will offer the services of PR-MIECHV program in Ponce, Villalba and Juana Diaz must implement and follow up the Healthy Families America (HFA) model and Growing Great Kids (GGK) curriculums. With the implementation of HFA and GGK, both evidence-based, PR-MIECHVP in Ponce, Villalba and Juana Diaz must:

1. Improve health of children and women of childbearing age.
2. Reduce intentional and unintentional injuries.
3. Improve school readiness and achievement.
4. Reduce rates of domestic violence.
5. Increase family economic self-sufficiency.
6. Improve coordination and referrals to other community resources and support.
7. Provide high-quality maternal and child home visiting services.

DESCRIPTION AND EXPERIENCE OF THE PROPOSER

Include a summary of the organization's background, its facilities and a statement indicating that a space is available for the staff that will be recruited. Indicate the organizational structure, services provided, population served, and mission. Answer the following questions:

1. What prompted you to consider applying for funds for PR-MIECHVP from the Maternal, Child and Adolescent Health Section of the Department of health?
2. How is PR-MIECHVP going to benefit your organization and the population it serves?
3. How do you link the PR-MIECHVP program with others you run?
4. Have you implemented any evidence-based programs?
5. What is the complaint handling process?
6. What is the Human Resources process to recruit staff and if the staff does not fulfill the required functions?
7. What benefits would you offer to PR-MIECHVP hired staff? (Health insurance, sick or vacation days, bonuses, etc.)

The organization must be a community service provider in the local environment where the program is going to be implemented. They also need to have substantial experience in offering services based on community needs and preferences and have financial solvency.

DESCRIPTION OF THE SERVICES REQUESTED

1. Recruit and retain the personnel that will implement the *Healthy Families Puerto Rico* program (Ponce, Villalba and Juana Diaz). The team required to offer services in these municipalities consists of one Supervisor, four Home Visitors, a Family Evaluator, and a Data Manager. The organization will be in constant communication with the Program Coordinator to assist in the recruitment of staff following the HFA and GGK requirements. As established by the Healthy Families America (HFA) evidence-based model and the requirements of the Puerto Rico Department of Health (PRDOH), it is essential that the staff hired by the Local Implementing Agency (LIA) maintain ongoing and direct communication with the PR-MIECHV Program Coordinator. This communication is critical to ensure fidelity to the model, alignment with program standards, and timely technical support. The Program Coordinator is trained and certified in both the HFA model and the Growing Great Kids (GGK) curriculum and is responsible for guiding, supervising, and supporting the proper implementation of the program.

The LIA must ensure that its personnel, specifically those hired to implement the PR-MIECHVP in Ponce, Villalba and Juana Diaz, are available and willing to engage directly with the Program Coordinator, as required by the evidence-based model and the oversight expectations of federal and state agencies. Furthermore, the Program Coordinator will oversee that all staff members receive the required training aligned with the standards of the HFA model and the GGK curriculum.

The following table outlines the required positions, number of staff, and key responsibilities for each role:

Position	Number of Staff	Key Responsibilities
Supervisor	1	Provides guidance and administrative support to staff; conducts weekly reflective supervision; reviews documentation (e.g., Progress Notes, FROG Scales); assigns and balances caseloads; supports staff development; participates in Local and State Advisory Committees; identifies training needs and coordinates staff training with the Program Coordinator; maintains regular communication with the Program Coordinator; observes home visits; recommends improvements to the State Plan; participates in CQI meetings and suggests corrective actions.
Home Visitors	4	Provide home visit interventions to program participants; identify unmet family needs and refer to community services; administer screening tools and faithfully implement the Growing Great Kids (GGK) curriculum; demonstrate strong interpersonal skills, compassion, and ability to build trust; work flexible hours, maintain professional boundaries, and have knowledge of community resources and basic computer skills.

Position	Number of Staff	Key Responsibilities
Family Evaluator	1	Identifies potential candidates through community screenings and promotes the program; conducts FROG Scale assessments, coordinates referrals when capacity is full, strengthens collaboration with the Local Advisory Committee, organizes quarterly meetings, participates in State Advisory Committee and team meetings, and provides updates on community needs and referral statuses.
Data Manager	1	Supports data entry and monitors data quality; provides ongoing aggregated data reports for technical assistance; participates in meetings to review service fidelity; collects and records data for Continuous Quality Improvement (CQI) activities; generates basic data tables and graphs for presentations and reports; prepares simple data reports for the local implementing agency; assists the Supervisor with monitoring documentation and clerical tasks.

2. Provide staff with a physical space where they can carry out their office tasks, coordinate home services, meet with collaborators, conduct reflective and group supervision meetings, hold meetings to monitor the quality of services, and an area where they can receive training on topics as required by the evidence-based model.
3. Record staff attendance, document the occurrence of each home visit, and pay for services performed. The **SECOND PARTY** will also cover local and foreign travel expenses the staff may incur in the fulfillment of their duty.
4. Implement the program in accordance with the *Regulations and Procedures Manual* of the *Healthy Families Puerto Rico* program.
5. Develop a safety and security protocol for program staff and ensure they have a cell phone that allows them to communicate with their supervisor or other agencies in case of emergency.
6. Implement the standards with best practices according to the twelve criteria established by the “Healthy Families America” evidence-based model.
7. Use the “Growing Great Kids” and “Growing Great Families” curriculum for interventions with families participating in the program.
8. Purchase educational materials and incentives for families to encourage participation and retention in the program. The Program Coordinator must approve all purchases of incentives in advance. The incentives for participating families must comply with the program goals and objectives as established by HRSA.
9. Submit monthly reports of work performed to the Program Director. Present evidence of compliance, including a table of weekly visits made; data report prepared by the scientific component; evidence of staff attendance to activities; attendance rosters for training sessions. This report must be submitted on or before the fifteenth business day of the following month.
10. Submit financial reports of expenses incurred and obligation of funds according to the approved itemized budget, as established in the Compensation clause.

Financial Reports	Time of Deliver
1 st financial report	At the end of January (after the first three months served: October, November and December)
2 nd financial report	At the end of April (after the following three months served: January, February and March)
3 rd financial report	At the end of July (after the next three months served: April, May and June)
4 th financial report	At the end of October (after the following three months served: July, August and September)

The fiscal year of the Program is from September 30, 2025 to September 29, 2026.

11. Participate in periodic meetings to monitor the continuous quality improvement (CQI) of the services and develop a plan aimed at improving them.
12. Convene the Local Advisory Committee of the Healthy Families program of Ponce, Villalba and Juana Diaz every three months. Provide attendance sheets, agenda, presentations if any, and a summary of the meeting held by the Advisory Committee.
13. Consult the Program Coordinator before undertaking any modification of established program interventions to secure the approval of the Department of Health, the developers of the curriculum and evidence-based model, and HRSA, as required.
14. Provide to the PRDOH, HRSA and Great Kids, Inc., all information required for documenting and justifying performance reports.
15. Comply with state and federal laws that guarantee the privacy and confidentiality of the information of participating families.
16. Establish collaboration agreements with entities that offer services to pregnant women, children under three years of age and their families in the participating municipalities and adjacent areas.
17. Identify agencies and organizations in the community that can be sources of referrals to services for participating families. Create and maintain an updated resource directory that the program's direct service staff can use to identify providers of needed services.
18. Submit background evidence for candidates by means of the "Background Search for Abuse, Child Abuse, Institutional Abuse, Neglect, and Institutional Neglect" of the Central Registry of the Family Department. Once the application is filled out, it should be delivered to the Program Coordinator to proceed with the certification process.
19. The organization will ensure that the staff members contracted for the implementation of the program comply with the following requirements and tasks and will submit monthly reports, to verify compliance:
 - a. Participate in all training sessions required by Healthy Families America standards and update the training log to document the training received.

- b. Administer screenings and parent surveys to candidates referred to the program on a voluntary basis.
- c. Provide home visiting services for families participating in the program according to the frequency of the corresponding level, as established by the requirements of the evidence-based model.
- d. Offer guidance and education on parenting, using the curricula “Growing Great Kids” and “Growing Great Families.”
- e. Administer screenings to pregnant and parenting participants, their infants, and children, as set forth in the program’s *Regulations and Procedures Manual* according to the evidence-based model and curricula, using the forms provided by the program. Administer any other screenings or surveys that may be requested by the PRDOH.
- f. Refer participants and their families to services in the community according to their needs, and ensure they receive the necessary services.
- g. Participate in team meetings and supervision meetings convened by the Program Coordinator.
- h. Participate in quarterly meetings of the State Advisory Committee. Submit in advance a presentation to the Program Coordinator that evidences the achievements, challenges, activities carried out and future projections.
- i. Assist in the drafting of proposals and reports requested at the state and federal levels, as required.
- j. Assign a liaison person from the organization to be in communication with the Program Coordinator and assist in delivering the requests from PRDOH to the organization's corresponding areas.

VALIDITY AND DURATION

The corporation selected through the evaluation and award process by the Auction Committee will receive a professional services contract for a period of one year with the possibility of renewal according to the results obtained. The timeline extends across the period of performance (September 30, 2025 through September 29, 2026) and includes start and completion dates for activities.

COMPENSATION

The budget allocated for this project is **\$364,770.49** for the period of September 30, 2025, and September 29, 2026.

BUDGET

Approximated MIECHV Program Budget Detail

A. Personnel	\$197,837.25 Annual Salaries
Supervisor - 1	
Data Manager - 1	
Family Resource Specialist - 1	
Home Visitors – 4	
B. Fringe Benefits	\$37,933.24
SS	
Medicare	
Christmas Bonus	
Others	
C. Travels	\$30,000.00
1. Local – for home visits, meetings, and trainings	
2. Mainland – Attendance at the All-Grantee Meeting and HFA for one staff	
Trainings required by EBM and Curriculum	
D. Supplies	\$33,000.00
1- Office supplies including electronic equipment	
2- Educational supplies for families	
3- Incentives to support activities as per the EBM	
E. Other	\$26,000.00
1- Nutritional Snacks for family activities and Advisory Committee Group	
2- Group activities for families	
3- Program Promotion	
F. Operational Cost	\$40,000.00
1. Physical site facilities including utilities, maintenance, and insurance	
2. Monthly payment of cell phones	
3. Monthly payment of e-mail accounts and Dropbox	
4. Accounting, financial and other support	
5. Electronic equipment maintenance	

ADDITIONAL REQUIREMENTS

Every proponent must include, as part of their proposal, the following documents/certifications:

- The organization must be registered in SAM.gov and have a Unique Entity ID (UEI) assigned to be able to apply and participate in federal allocations.
- The organization must register in the *Registro Unico de Proveedores* (RUP) and comply with its requirements.
- The organization cannot have debts with the Department of the Treasury, nor with the Municipal Revenue Collection Center, or if it does, there must be a payment plan.

IMPORTANT NOTES

- Execution period: The contracting period is one (1) year subject to the formalization of the agreements between PRDOH and the selected entity.
- During the execution of the contract to be awarded once this RFP has been awarded, the Department of Health will evaluate the performance of the party to which it is awarded, said evaluation will be discussed with it and will be the basis for determining, among other things, whether any negotiated penalty or some negotiated incentive.
- The Department of Health also reserves the right to evaluate the performance of selected proponents at least once a year. As part of this performance monitoring process, the Department of Health will request performance indicators related to the effectiveness of collections, ratio indices, staff turnover, customer satisfaction, quality of service, complaint management and resolution. and other reasonable or generally accepted key performance indicators to be specified in the Contract.
- Questions regarding this RFP must be submitted on or before Thursday, November 13, 2025, by 2:00 p.m., via email to:

Carlos Padilla Cruz

Director of Auction Office

Email: subastas@salud.pr.gov

Telephone: 787-765-2929, ext. 4475 / 4861 / 3450

- The deadline to submit proposals will be Tuesday, December 02, 2025, at 2:00 pm in the Auction Administrative Support Section located in the new headquarters of the Department of Health.
- Proposals delivered in person must be printed on one side of the paper sheets only.
- The proposal must be completed in all its parts and comply with all eligibility criteria. Otherwise, it will not be considered.
- The Department of Health reserves the right, in its sole discretion, to request additional information from proponents to assist the Department of Health in evaluating proposals.
- The Department of Health reserves the right to consider any or all factors related to

determining the capacity and suitability of the proponent, their respective agents or representatives.

- The Department of Health reserves the right to negotiate separately with any proponent, as necessary, to serve the best interests of the Department of Health. No statement made or action taken by the Department of Health during these negotiations will bind you in any way. The Department of Health will maintain the confidentiality of all discussions and negotiations.
- The winning proposer and all other proposers whose proposals are not selected will be notified by email.

SUBMISSION OF PROPOSALS

The information provided in the proposal must be accurate and complete. Uncertain, incomplete and/or incorrect information will not be considered by the Department of Health. Falsification of any document may result in disqualification from the evaluation and selection process or termination of the awarded contract, if discovered in the future.

The Department of Health reserves the right to reject any proposal if it discovers that the proposer knowingly submitted false information. The Department of Health reserves the right to terminate the awarded contract if it is determined that it was awarded because of the submission of false information.

The Bidder must deliver the proposal accompanied by all the required documentation to the Auction Administrative Support Section located in the new headquarters of the Department of Health. They must deliver one (1) original, one (1) copies and one (1) digital copy in a USB (PDF format), on or before December 02, 2025, until 2:00 PM.

The proposal must be submitted in English and each page must be numbered sequentially at the bottom of the page. All proposals must comply with the following rules:

- File format: PDF.
- Font size: 12 points
- Margins: 1 inch
- Line spacing: single space.
- Paper type: White; 8 1/2 x 11
- Numerical data: English measurement system
- Costs: US dollars

Additionally, all proposals must include a cover letter with a title that references this RFP and the following information:

- Full name of the proposer.

- Contact information for the person(s) authorized to represent the proponent and the person(s) and negotiate with the Department of Health regarding this RFP.
- Name of the person or company that participated in the preparation of the proposal.
- If the proponent is a corporation, identify the State where the proponent is organized.
- Certification that the proposal is submitted in response to this RFP and that it will remain firm for a period of one hundred twenty (120) days from its expiration date and thereafter until the proponent withdraws or signs the contract, or the RFP be rescinded by the Department of Health, whichever occurs first.
- Signature of the proponent or person authorized by corporate resolution.
- Present the following parts in the proposal:
 - Project Overview
 - Background
 - Project Scope
 - Description and experience of the proposer
 - Deliverables
 - Contractor capacity and qualifications
 - Budget
 - Budget Narrative
 - Detail Budget Table (Proposers must use the provided budget template and include all required line items as specified)

EVALUATION AND SELECTION PROCESS

Once the proposals are received, an evaluation process will be carried out to determine compliance with the evaluation criteria and with the format provided in this Document, including all the required parts. These proposals will be evaluated by an Evaluation and Recommendation Committee that will determine whether they meet the evaluation criteria and the required formats. The Secretary of Health may establish a Technical Committee to assist the Committee in the process of evaluating the proposals.

EVALUATION AND SCORING CRITERIA

The following evaluation criteria will guide the review and scoring process of all submitted proposals. Proponents are encouraged to address each component clearly and thoroughly in their proposal submissions. The proponent is encouraged to offer terms and conditions that will produce maximum benefit to the Department of Health in terms of services offered and total cost. The Department of Health will evaluate the proposals under a Criteria methodology with an established Weight (based on importance), multiplied by the Value determined by the Evaluation and Award Committee. The following table indicates the criteria and the weight assigned to each one. The scoring scale, both the Weight assigned to each criterion and the Value, ranges from 1 to 5, for a

maximum possible of 95 points. The Criteria to be considered in this RFP and its default Weight are indicated below:

EVALUATION TABLE RFP-SP-2025-2026-006-PR-MIECH-VIS-PROG			
Criteria	Weight	Value	Total
The Organization's experience in providing the services described in this RFP and project management	4	[1-5]	[Weight × Value]
Compensation Model and Proposed Offer	5	[1-5]	[Weight × Value]
Compliance with the elements and requirements of the requested proposal	5	[1-5]	[Weight × Value]
References	2	[1-5]	[Weight × Value]
Financial Capability	3	[1-5]	[Weight × Value]

Criteria	Details to be evaluated
The Organization's Experience and Project Management (Weight: 4)	Years of experience offering services similar to those described in this RFP.
	Demonstrated success in implementing community-based programs or evidence-based models.
	Organizational capacity to manage federally funded programs, including staff recruitment and supervision.

Criteria	Details to be evaluated
Compensation Model and Proposed Offer (Weight: 5)	Detailed staffing plan for the roles required (Supervisor, Home Visitors, Family Evaluator, Data Manager).
	Realistic and cost-effective budget proposal aligned with the scope of work.
	Inclusion of staff benefits and fair compensation practices.

Criteria	Details to be evaluated
Compliance with Proposal Elements and Requirements (Weight: 5)	Clear description of how the PR-MIECHVP will be implemented following the RFP guidelines.
	Evidence of staff capacity, training plans, and community engagement strategies.
	Description of how risk communities will be identified and linked to services.
	Understanding and integration of evidence-based practices (HFA, GGK).

Criteria	Details to be evaluated
References (Weight: 2)	Validity and relevance of provided references to demonstrate prior performance in similar services.
	Positive evaluations or letters of recommendation from previous contracts or collaborators.

Criteria	Details to be evaluated
Financial Capability (Weight: 3)	Evidence of financial solvency to manage federal funds (e.g., audited financial statements, no debts with Hacienda or CRIM).
	Documentation of financial systems or internal controls.

The Evaluation and Recommendation Committee will review and evaluate the proposals. Acceptance of proposals shall not give rise to any liability or obligation on the part of the Department of Health or its advisors, and no proposer shall have any cause of action against the Department of Health or its advisors arising out of the failure to award a contract to any proposer, or the failure to consider any proposal or any expense incurred by a proposer in the preparation of its proposal.

Successful Proposer

The Department of Health will award the good pro to the proposer who obtains the highest score according to the criteria indicated. Accordingly, your proposal should illustrate that you have the capacity and experience to meet the stated objectives and that you represent the best value for the Department of Health.

Calendar and Information

Applicant Unit:	Puerto Rico Maternal, Infant, and Early Childhood Home Visiting Program (PR-MIECHV) located in the Maternal, Child and Adolescent Section (MCAS)
Contact Information:	Carlos Padilla Cruz Manager Auction Administrative Support Section 787-765-2929, ext. 3450
Application Number:	RFP-SP-2025-2026-006-PR-MIECH-VIS-PROG
Application Name	Professional services to implement the Puerto Rico Maternal, Infant and Early Childhood Home Visiting Program (PR-MIECHVP) in Ponce, Villalba and Juana Diaz
Service Category (Technology, Management Consulting, Etc.)	Request for Professional Services
Date of Publication of the Application:	Thursday, November 06, 2025
Deadline for Submitting Questions	Thursday, November 13, 2025, until 2:00 PM
Deadline to answer questions	Monday, November 17, 2025, until 5:00 PM
Submit Proposal at the Auction Office	Auction Administrative Support Section located in the new headquarters of the Department of Health.
Deadline for Submission of Proposals	Tuesday, December 02, 2025, until 2:00 PM
Form Request and Related Documentation	subastas@salud.pr.gov

PORTADA

FONDOS SOLICITADOS PARA DESARROLLO DE INSTRUMENTO			
1. Presupuesto solicitado: _____ 2. Periodo solicitado: _____			
3. Data Universal Numbering System (DUNS): _____			
4. Número Seguro Social Patronal: _____			
5. System for Award Management (SAM): _____			
Periodo de vigencia: Desde: _____ Hasta: _____			
INFORMACIÓN DE LA ENTIDAD			
6. Nombre de la entidad que presenta la propuesta: _____			
7. Dirección Postal: _____			
8. Dirección Física: _____			
9. Teléfono: _____ Fax: _____ E-mail: _____			
INFORMACIÓN DEL SOLICITANTE			
10. Personas Autorizadas:			
Nombre: _____ Firma: _____ Puesto: _____ Fecha: _____			
(Director(a) Ejecutivo(a))			
Nombre: _____ Firma: _____ Puesto: _____ Fecha: _____			
(Presidente(a) Junta de Directores)			
Nombre: _____ Firma: _____ Puesto: _____ Fecha: _____			
(Representante Autorizado que firma contrato o enmienda)			
11. Persona Contacto:			
Nombre: _____ Puesto: _____ Teléfono: _____ Fax: _____			
PARA USO OFICIAL			
Fase de Evaluación: _____ Recomendada _____ No recomendada			
Nombre: _____ Firma: _____ Puesto: _____ Fecha: _____			
Fase de Selección: _____ Seleccionada _____ No Seleccionada			
Nombre: _____ Firma: _____ Puesto: _____ Fecha: _____			

DESCRIPCIÓN DE LA ORGANIZACIÓN

DESCRIPCIÓN DE LA ORGANIZACIÓN	
1. Nombre de la entidad:	2. Fecha de Fundación:
3. Año de Incorporación, si aplica:	4. Fecha en que comenzó a proveer el servicio que propone:
5. Nombre del/la oficial principal de la entidad (Ej. Director/a Ejecutivo/a)	6. Tiempo en puesto:
7. Misión, visión y valores	
8. Tipo de servicios/esfuerzos que realiza la entidad, en general:	

OFERTA DEL LICITADOR

Fecha: _____

Nombre Compañía / No. Licitador

[] Negocio privado , [] Corporación, o [] Asociación, por la presente somete su oferta.

Seguro Social Patronal: _____

Hacemos constar que hemos leído todas las instrucciones, términos, condiciones y cláusulas del pliego de subastas; que entendemos y aceptamos cumplir con todas las cláusulas contenidas en éstos y en el contrato.

La dirección sometida con esta oferta es la dirección donde recibimos nuestra correspondencia.

Yo, _____, CERTIFICO que estoy autorizado a firmar esta oferta y mi nombre y firma constan registradas en el Registro de Licitadores.

_____ Nombre en letra de molde	_____ Firma	_____ Puesto o cargo que ocupa
-----------------------------------	----------------	-----------------------------------

Dirección Postal:	Dirección Física:
Número de Teléfono:	Correo Electrónico:

Corporación Foránea

Nombre del Agente Residente	Dirección	Número de Teléfono y Correo electrónico

Departamento de Salud
Gobierno de Puerto Rico

Yo, _____, en mi carácter personal, mayor de edad,
(nombre y apellidos)
_____, y vecino de _____,
(estado civil) (profesión) (ciudad) (país o estado)

CERTIFICO LO SIGUIENTE:

- 1. Que mi nombre y demás circunstancias personales son las anteriormente expresadas.
- 2. Que comparezco como dueño de negocio de tipo individual.
- 3. Que el nombre comercial de mi negocio (D/B/A, si aplica), es el siguiente, _____.
- 4. Que el propósito del negocio individual que represento es proveer los siguientes bienes, obras y/o servicios profesionales o no profesionales: (escriba a que se dedica)

- 5. Que las siguientes personas, **cuyas firmas aparecen en el presente documento más adelante**, están autorizadas a nombre y en representación del negocio, a firmar las ofertas que se sometan como parte de los procesos de compra de bienes y servicios profesionales y no profesionales que se lleven a cabo por las distintas agencias, corporaciones públicas y municipios del Gobierno de Puerto Rico.
- 6. Que **las firmas de las personas que constan en el presente documento** obligan al negocio que represento en todos los procesos de compra de bienes y servicios profesionales o no profesionales realizados por las agencias de la Rama Ejecutiva del Gobierno de Puerto Rico, corporaciones públicas y municipios. De igual forma, dichas personas están autorizadas a firmar ofertas y suscribir todo tipo de documento requerido como parte de dicha comparecencia.

Nombre y Apellidos	Posición	Firma

- 7. Que suscribo la presente Certificación con el propósito de cumplir con uno de los requisitos para ingresar al Registro Único de Licitadores (RUL) o al Registro Único de Proveedores de Servicios Profesionales (RUP) y para cualquier otro propósito administrativo o legal pertinente.

Y PARA QUE ASÍ CONSTE, firmo la presente certificación en _____,
(ciudad)
_____, hoy _____ de _____ de 20_____.
(país o estado)

FIRMA

Afidávit Número: _____

JURADA Y SUSCRITA ante mí por _____, de las circunstancias personales antes mencionadas, en su carácter de _____ de la _____ (tipo de negocio) y a quien identifico mediante _____.

En _____, _____, hoy _____ de _____ de 20____.

Nombre del (de la) Notario(a)

Firma del (de la) Notario(a)

RESOLUCIÓN CORPORATIVA

(no se aceptará Declaración Jurada que tenga
borrones, tachaduras o corrector)

Yo _____, mayor de edad, (estado civil) _____, (profesión) _____, y vecino de _____, en calidad de _____ de la (tipo de negocio) _____, certifico, que en reunión celebrada el día ____ de _____ de 20____, a la cual asistió el quórum reglamentario, se resolvió autorizar a las personas nombradas a continuación, para que cualquiera de ellas, a nombre y en representación de esta Corporación, puedan comparecer a los procesos de compra de bienes y servicios no profesionales realizados por las agencias de la Rama Ejecutiva del Gobierno de Puerto Rico, corporaciones públicas y municipios, así como firmar ofertas y suscribir contratos y todo tipo de documento requerido como parte de dicha comparecencia, por lo que sus firmas, las cuales se hacen constar en este documento, obligan a esta (tipo de negocio) _____.

Nombre y Apellido	Posición	Firma

En mi carácter de _____ de la (tipo de negocio) _____, certifico, además, que la Resolución arriba transcrita no ha sido revocada, anulada o enmendada en forma alguna y que se mantiene vigente con toda su fuerza y vigor.

PARA QUE ASÍ CONSTE, firmo la presente y estampo el sello de la _____ (tipo de negocio).

En _____, _____, hoy ____ de _____ de 20____.

Firma del (de la) Declarante



AFIDÁVIT

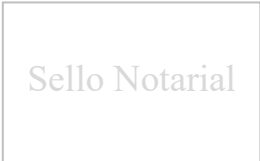
Afidávit Número: _____

JURADA Y SUSCRITA ante mí por _____, de las circunstancias personales antes mencionadas, en su carácter de _____ de la _____ (tipo de negocio) y a quien identifico mediante _____.

En _____, _____, hoy ____ de _____ de 20____.

Nombre del (de la) Notario(a)

Firma del (de la) Notario(a)



DECLARACIÓN JURADA

Yo, _____, mayor de edad, ☐soltero(a)
☐casado(a) y residente en _____, en representación de la
compañía _____,
organizada como ☐corporación, ☐sociedad, ☐negocio individual u ☐otro
(especifique) _____, ocupando el cargo de _____ en
la compañía antes indicada, bajo juramento, declaro lo siguiente:

- 1. Que mi nombre y demás circunstancias personales son las anteriormente expresadas.
- 2. Que entiendo y acepto que toda persona natural o jurídica que desee participar de la adjudicación de una subasta o en el otorgamiento de algún contrato con cualquier agencia o instrumentalidad gubernamental, corporación pública, municipio, o con la Rama Legislativa o Rama Judicial, para la realización de servicios o la venta o entrega de bienes, someterá una declaración jurada ante notario(a) público(a), según establecido en el Artículo 3.3 de la Ley Núm. 2-2018 conocida como “Código Anticorrupción para el Nuevo Puerto Rico”.
- 3. Que el (la) suscribiente, la compañía _____, o su presidente(a), vice-presidente(a), director(a), director(a) ejecutivo(a) o miembro(s) de una Junta de Oficiales o Junta de Directores(as), o persona(s) que desempeñe(n) funciones equivalentes para la persona jurídica:

☐no ha sido convicto(a), ni se ha declarado culpable de cualquiera de los delitos enumerados en la Sección 6.8 de la Ley Núm. 8-2017, según enmendada, conocida como “Ley para la Administración y Transformación de los Recursos Humanos en el Gobierno de Puerto Rico”, o por cualquiera de los delitos contenidos en la Ley Núm. 2-2018, conocida como “Código Anticorrupción para el Nuevo Puerto Rico”.

☐ha sido convicto(a) o se ha declarado culpable de cualquiera de los delitos, según enumerados en la Sección 6.8 de la Ley Núm. 8-2017, según enmendada, o por cualquiera de los delitos contenidos en la Ley Núm. 2-2018, antes mencionada. En tal caso, se indica lo siguiente:

Nombre de la compañía: _____

Nombre de su subsidiaria: _____

Nombre y apellido de la persona aplicable, según establecido en la Ley Núm. 2-2018: _____

Cargo en la Compañía: _____

Delito: _____

Fecha (D/M/A):	País:	Organismo o Tribunal:

4. Que entiendo y acepto que la convicción o culpabilidad por cualesquiera de los delitos enumerados en las citadas leyes inhabilitará de contratar o licitar a la persona natural o jurídica con cualquier entidad gubernamental, corporación pública, municipio, la Rama Legislativa y la Rama Judicial, por los términos aplicables bajo el artículo 6.8 de la Ley Núm. 8-2017, o diez (10) años contados a partir de la fecha en que termine de cumplir la sentencia cuando no se disponga un término en la citada Ley. Esta prohibición aplicará a cualquier delito, según establecido anteriormente, o su equivalente tanto en Puerto Rico, como en la jurisdicción federal, los estados, territorios de los Estados Unidos de Norteamérica o cualquier otro país.
5. Que la compañía _____, representada por el (la) suscribiente, tiene el deber y se compromete a informar continuamente, de forma inmediata, si el (la) suscribiente, o su presidente(a), vice-presidente(a), director(a), director(a) ejecutivo(a) o miembro(s) de una Junta de Oficiales o Junta de Directores(as), o persona(s) que desempeñe(n) funciones equivalentes para la persona jurídica, alguna vez resultara convicto(a) o se haya declarado(a) culpable o se encuentre(n) bajo investigación por los delitos contenidos en la Sección 6.8 de la Ley Núm. 8-2017, según enmendada, o por cualquiera de los delitos contenidos en la Ley Núm. 2-2018, antes mencionada.
6. Que suscribo esta declaración jurada de conformidad con lo establecido en la Ley Núm. 2-2018 y que hago la presente declaración jurada para que cualquier entidad gubernamental, corporación pública, municipio, la Rama Legislativa o la Rama Judicial tenga conocimiento de lo aquí declarado y para cualquier otro propósito administrativo o legal.

Y para que así conste, juro y firmo esta declaración en _____, Puerto Rico, el ____ de _____ de ____.

Firma del (de la) Declarante

AFIDÁVIT

Afidávit número: _____

Jurado y suscrito ante mí por _____, de las circunstancias antes mencionadas y a quien identifico mediante _____.

En _____, Puerto Rico, el ____ de _____ de ____.

Nombre del (de la) Notario(a)

Firma del (de la) Notario(a)

Sello Notarial