



In accordance with the parameters established in Circular Letter No. 013-2021 "*Measures to Ensure Transparency and Fiscal Responsibility in Government Contracting of Professional Services*" issued on June 7, 2021 by the Office of Management and Budget of the Government of Puerto Rico, part v, section a, b (i to iii) and Executive Order No. 2021-029; and at the discretion of the Secretary of Health by Administrative Order Number 2023-581 of the Secretary of Health "*To establish the procedures applicable to the contracting of Professional and Consultative Services in the amount of one hundred and fifty thousand dollars (\$150,000.00) or more, during the same fiscal year; to create a Proposal Evaluation Committee and to repeal Administrative Order No. 535 of April 13, 2022*"; The requirements for submitting proposals for professional services are established.

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**SPECIFICATIONS FOR:**

**CONTRACTING NOTICE FOR PROFESSIONAL SERVICES TO IMPLEMENT  
THE PUERTO RICO MATERNAL, INFANT AND EARLY CHILDHOOD HOME  
VISITING PROGRAM (PR-MIECHVP) IN LARES AND QUEBRADILLAS  
RFP-SP-2023-2024-022-SMNA**

**Deadline to submit the proposal:  
Thursday, May 30, 2024, until 12:00 PM**

## 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, Jayuya, Adjuntas, Maunabo, Patillas and Arroyo. These seven 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 Lares and Quebradillas 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 Lares and Quebradillas 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 (Lares and Quebradillas). The team required to offer services in these municipalities consists of one Supervisor, three 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.
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 <sup>st</sup> financial report	At the end of January (after the first three months served: October, November and December)
2 <sup>nd</sup> financial report	At the end of April (after the following three months served: January, February and March)
3 <sup>rd</sup> financial report	At the end of July (after the next three months served: April, May and June)
4 <sup>th</sup> 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, 2024, to September 29, 2025.

- 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 Lares and Quebradillas 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 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, 2024, through September 29, 2025) and includes start and completion dates for activities.

**COMPENSATION**

The budget allocated for this project is **\$285,071.95** for the period of September 30, 2024, and September 29, 2025.

**BUDGET**

Approximated MIECHV Program Budget Detail

A. Personnel	\$156,824.00 Annual Salaries
Supervisor - 1	_____
Data Manager - 1	_____
Family Resource Specialist - 1	_____
Home Visitors – 3	_____
B. Fringe Benefits	\$26,936.52
SS	
Medicare	
Christmas Bonus	
Others	
C. Travels	\$25,584.00
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	\$17,277.08
1-Office supplies including electronic equipment	
2-Educational supplies for families	
3-Incentives to support activities as per the EBM	
E. Other	\$16,900.00
1-Nutritional Snacks for family activities and Advisory Committee Group	
2-Group activities for families	
3-Program Promotion	
F. Operational Cost	\$41,550.35
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 related to this request for information should be directed to:

**NAME:** Denise Marrero Santana  
**TITLE:** Director of Auction Office  
**EMAIL:** [subastas@salud.pr.gov](mailto:subastas@salud.pr.gov)  
**TELEPHONE:** 787-765-2929  
**EXTENSION:** 4475 / 4861 / 3450

- To clarify any doubts or questions about this, you can send an email to: [subastas@salud.pr.gov](mailto:subastas@salud.pr.gov) no later than **May 15, 2024, until 4:00 PM**. The Department will have until **May 21, 2024, until 4:00 PM** to answer any doubts or questions.
- The deadline to submit proposals will be **Thursday, May 30, 2024, at 12:00 pm** in the Auction Office of the Department of Health located on the second floor, Building J.
- 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 Health Department. 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 Office located in Building J, second floor. They must deliver one (1) original, two (2) copies and one (1) digital copy in a USB (PDF format), on or before **May 30, 2024, until 12:00 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
  - Deliverables
  - Contactor capacity and qualifications
  - Budget
    - Budget Narrative
    - Detail Budget Table

**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 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:

<b>EVALUATION TABLE</b> <b><u>RFP-SP-2023-2024-022-SMNA</u></b>			
<b>Criteria</b>	<b>Weight</b>	<b>Value</b>	<b>Total</b>
The Organization's experience in providing the services described in this RFP and project management	4		
Compensation Model and Proposed Offer	5		
Compliance with the elements and requirements of the requested proposal	5		
References	2		
Financial Capability	3		

Criteria	Details to be evaluated
Experience	Description and years of experience on the services included in this RFP
	Qualifications of the organization as listed on this RFP

Criteria	Details to be evaluated
Compensation Model and Proposed offer	Work plan aimed at hiring the personnel required for the Implementation of the Program.
	Comparison of the RFP budget with the organization's proposed budget

Criteria	Details to be evaluated
Compliance with the Elements and Requirements of the Proposal	Detailed description of how the PR-MIECHV Program will be implemented as indicated in the RFP.
	The organization has the technical and personnel skills of the organization to work with the implementation of the Program.
	Organization explains the process of identifying at-risk communities.
	Content of the proposal
	Organization demonstrates the importance of community engagement.

Criteria	Details to be evaluated
References	Validity of references and credit in the relevant organization to the services requested in this RFP

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**

<b>Applicant Unit:</b>	Maternal, Child and Adolescent Health Section Puerto Rico Department of Health
<b>Contact Information:</b>	Denise Marrero Santana 787-765-2929, ext. 4475-350
<b>Application Number:</b>	<b>RFP-SP-2023-2024-022-SMNA</b>
<b>Application Name:</b>	Contracting Notice for Professional Services to Implement the Puerto Rico Maternal, Infant and Early Childhood Home Visiting Program (PR-MIECHVP) in Lares and Quebradillas
<b>Service Category (Technology, Management Consulting, Etc.):</b>	Request for Professional Services
<b>Date of Publication of the Application:</b>	May 6, 2024
<b>Deadline for Submitting Questions:</b>	May 15, 2024, until 4:00 PM
<b>Deadline to answer questions:</b>	May 21, 2024, until 4:00 PM
<b>Submit Proposal at the Auction Office:</b>	Department of Health Auction Office, Building J, Second Floor.
<b>Deadline for Submission of Proposals:</b>	May 30, 2024, until 12:00 PM
<b>Form Request and Related Documentation request it to:</b>	<a href="mailto:subastas@salud.pr.gov">subastas@salud.pr.gov</a>

## ANEJO A

### Documentos y/o Certificaciones Mínimas Requeridas para Evaluar las Propuestas

1. **Certificado de Existencia Corporativa** (Certificación de Incorporación) o en su defecto, Certificado de Autorización para hacer Negocios en Puerto Rico y copia de sello corporativo.
2. **Certificación de “Good Standing”** actualizado del Departamento de Estado (ir., de radicación de informes corporativos anuales)

ANEJO B

ACUERDOS Y COMPROMISOS DE LOS PROPONENTES

DEPARTAMENTO DE SALUD  
GOBIERNO DE PUERTO RICO

- 1. Entiendo que la notificación de aprobación de esta propuesta no es una autorización de parte del Departamento de Salud para comenzar a ofrecer servicios bajo la misma, sin la mediación de un contrato firmado por ambas partes.
- 2. Entiendo que cualquier información falsa aquí provista significará el rechazo de mi propuesta y/o terminación de mi participación en el proyecto, aun así, si este hecho se descubre posterior a la fecha de aprobación de mi propuesta, o la firma del contrato.
- 3. Garantizo que no existe conflicto de intereses entre mi persona, o miembro de mi entidad, y el Departamento de Salud o sus empleados.
- 4. Entiendo que como proponente asumiré todos los costos de la preparación de esta solicitud de fondos.
- 5. Entiendo y acepto que, de no entregar los documentos requeridos en el término señalados, el Departamento de Salud podrá suspender el proceso de firma de contrato y reprogramar los fondos.

**Certifico**, que toda la información aquí provista es correcta, y que soy el proponente, o la persona autorizada a representarle.

Nombre en letra de molde

Fecha

Firma

## **ANEJO C**

### **Certificado RUP y/o RUL**

(Sera provista por el proponente)

ANEJO D

PENDING LITIGATION AND NO-BANKRUPTCY  
SWORN STATEMENT

I, \_\_\_\_\_, of legal age, of marital status (married/single), and a resident of \_\_\_\_\_, have been designated as the authorized representative of \_\_\_\_\_. In such regard, I hereby certify that:

- 1) \_\_\_\_\_The company or any representative are not bankrupt, nor has suspended business activities due to any analogous situation arising from a similar procedure under national laws and regulations.
- 2) The company is not under any bankruptcy litigation.

In (*add municipality*), Puerto Rico this \_\_\_\_day of \_\_\_\_\_ of \_\_\_\_\_.

\_\_\_\_\_  
(Name of Firm)  
**By:** \_\_\_\_\_  
(Signature of Proponent)  
\_\_\_\_\_  
(Printed Name of Proponent)  
\_\_\_\_\_  
(Position)

Affidavit No. \_\_\_\_\_

Subscribed and sworn to before me in the city of \_\_\_\_\_, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 2021, by \_\_\_\_\_ of legal age, \_\_\_\_\_ (civil status), \_\_\_\_\_ (occupation) and resident of \_\_\_\_\_, \_\_\_\_\_, in his/her capacity as \_\_\_\_\_ of Proposer, who I personally known or have identified by his/her \_\_\_\_\_.

\_\_\_\_\_  
Public Notary

ANEJO E

NON-COLLUSIVE AFFIDAVIT

Commonwealth or Puerto Rico \_\_\_\_\_, being first duly sworn, deposes says: That he is \_\_\_\_\_

(An individual, a partner of a partnership or an officer of a corporation, etc.)

of the party making the foregoing proposal or bid, that such proposal or bid is genuine and not collusive or sham; that said bidder has not collude, conspired, connived or agreed, directly or indirectly, with any bidder, or person, to put in a sham bid or to refrain from bidding; that he has not in any manner, directly or indirectly, sought by agreement or collusion, or communication, or conference, with any person, or fix the price of affiant or of any other bidder, or to fix any overhead, profit or cost element of said bid price, or of that of any bidder, or to secure any advantage against the \_\_\_\_\_

(Name of Owner)

proposed contract: and that all statements in said proposal or bid are true. In the City of \_\_\_\_\_, Puerto Rico, this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

\_\_\_\_\_  
Name of Bidder

\_\_\_\_\_  
Signature of Bidder’s Representative

AFFIDAVIT NUMBER \_\_\_\_\_  
Sworn and subscribed to before me in the place and date above stated by \_\_\_\_\_ of legal age an personally known to me.

(NOTARIAL SEAL)

\_\_\_\_\_  
NOTARY PUBLIC



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