



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.

SPECIFICATIONS FOR:

**CONTRACTING NOTICE FOR PROFESSIONAL SERVICES TO PROVIDE TECHNICAL
AASISTANCE AND EVALUATION TO THE PUERTO RICO MATERNAL, INFANT AND
EARLY CHILDHOOD HOME VISITING PROGRAM (PR-MIECHVP)**

RFP-SP-2024-2025-006-SMNA

**Deadline to submit the proposal:
Friday, September 6, 2024, until 12:00 PM**



INTRODUCTION

The Maternal, Child and Adolescent Health Section (MCAHS) of the Puerto Rico Department of Health (PRDOH) is seeking proposals from qualified service providers in comprehensive technical assistance, capacity building, development and maintenance of data system, quality assurance (QA), and continuous quality improvement (CQI) to the Puerto Rico Maternal, Infant and Early Childhood Home Visiting (PR-MIECHV) program, locally known as *Familias Saludables Puerto Rico*.

The Maternal, Infant and Early Childhood Home Visiting (MIECHV) program is authorized by Social Security Act, Title V, § 511 (42 U.S.C. § 711) and administered by the Health Resources and Services Administration (HRSA) in partnership with the Administration for Children and Families (ACF). Grants are awarded to states and other jurisdictions or territories, including Puerto Rico, to implement evidence-based home visiting services for at-risk pregnant women and parents with young children. The PR-MIECHV program is administered by the MCAHS of the PRDOH. The PR-MIECHV program is based on scientific evidence that demonstrates the benefits to the lives of women, children, and families of receiving home visits by specially trained health and human services professionals. PR-MIECHV focuses on improving maternal and child health and wellbeing, promoting positive parental behavior beginning in pregnancy, preventing child abuse and neglect, and promoting child development.

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 MCAHS, and the Children with Special Health Care Needs Program (CSHCN) located in the Children with Special Medical Needs Section. PR Title V provides services and implements initiatives in the seven PRDOH Health Regions. Within the MCAH, the PR-MIECHV program addresses the areas of women's health, pregnant women's health, infant health and child health. The program's target population are pregnant women and their children up to 3 years of age. Participation in the PR-MIECHV program is voluntary and free of charge. Trained professionals with a background in early childhood education, social work or related fields offer weekly visits focused on maternal and child wellness, prenatal care, pregnancy and birth, family planning, breastfeeding, infant growth and development, immunization, home safety, and related topics. The program is strengths based and includes the woman's partner or another support person in all activities. Participants are screened for postpartum depression, alcohol use, intimate partner violence, and child development, using standardized screening instruments. Participants are referred to services available in the community as needed.

PR-MIECHV uses the Healthy Families America (HFA) home visiting model and the Growing Great Kids (GGK) parenting curriculum. HFA is a well-regarded evidence-based home visiting program designed to support families and promote healthy child development. It aims to prevent child abuse and neglect by providing voluntary home visiting services to expectant and new parents, particularly those facing challenges such as poverty, isolation, and lack of access to healthcare. GGK is an organization dedicated to supporting families and children through evidence-based programs and initiatives. Their focus is on



promoting healthy child development and enhancing family functioning, particularly for families facing challenges. The GGK manuals are designed for practitioners, home visitors, and educators involved in child development and family supportive initiatives, to guide them in implementing home visiting programs.

PRDOH contract Local Implementing Agencies (LIAs) to deliver the services in the municipalities selected from the 2020 MIECHV Statewide Needs Assessment. The program 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.

Currently, the program is implemented in five municipalities by two local implementing agencies (LIAs), *Salud Integral en la Montaña* (Barranquitas and Orocovis) and *Centro de Servicios Primarios de Salud de Patillas* (Maunabo, Patillas and Arroyo). The LIA for the municipalities of Jayuya and Adjuntas will be determined.

OBJECTIVES OF THE PROPOSAL

The selected team that will provide the technical assistance and evaluation services to the PR-MIECHV program must follow up the HFA model and GGK curriculums standards to comply with the following objectives of the program:

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.

The team must enhance program implementation, develop robust metrics, build staff capacity, support Continuous Quality Improvement (CQI), and ensure data integrity and utilization for a implementation of the HFA model with fidelity.



DESCRIPTION AND EXPERIENCE OF THE PROPOSER

The entity must include a summary of the team's background and its facilities. Must demonstrate it has the following capacity and qualifications:

1. The technical skills and professional staff to identify, gather and analyze data needed to comply with the required reports.
2. Experience in evidence-based practices, public health programs, community engagement, and technical assistance.
3. A history of working with federally funded and evidence-based programs.
4. Comply with state and federal laws that guarantee the privacy and confidentiality of the information of participating families.

DESCRIPTION OF THE SERVICES REQUESTED

The Technical Assistance (TA) team will provide training and technical assistance to the staff of the PR-MIECHV program, following the standards of evidence-based model, Healthy Families America (HFA), the Growing Great Kids (GGK) curriculums, and the reporting system forms. The services provided by the TA must be centered in:

Capacity Building and Technical Assistance

1. Provide training and technical assistance that supplements the offerings of GGK and HFA to the staff of the program and the host implementers of the curriculum in the project areas, virtually and presential in the local offices.
2. Provide trainings to the staff in child maltreatment and cultural sensitivity, required by HFA.
3. Elaborate two (2) Continuous Quality Improvement (CQI) projects during the fiscal year with the local teams.
4. Support the Program Coordinator in the development of the program's Self Study for the HFA Accreditation.
5. Develop and Equity Plan.
6. Development of evaluation tools to measure program effectiveness (annual staff and participant satisfaction surveys).
7. Participate in monthly meetings to discuss issues related to the program implementation, fidelity with the program's core elements, and quality assurance.
8. Assist the Program Coordinator in meetings with the Health Resources and Services Administration (HRSA) (quarterly meetings), MIECHV Technical Assistance Resource Center (TARC) team (monthly meetings), HFA (monthly meetings), and any other meeting required by the PRDOH.
9. Provide ongoing support and consultation throughout the program duration to enhance program fidelity and participant engagement.
10. Availability to travel to meetings required by HRSA, HFA and GGK at mainland level.



Development and Maintenance of Data System

- 1. Availability of a data system to collect, organize, and analyze information from the LIAs.
- 2. Capacity to develop reports required by HRSA and HFA.
- 3. Conduct data validation periodically.

Evaluation and Reports

- 1. Produce quarterly statistical reports.
- 2. Prepare Quality Assurance reports to ensure quality of data, program fidelity and service delivery.
- 3. Prepare qualitative and quantitative reports of the staff and participant satisfaction survey.
- 4. Collaborate in the continuation applications that the PRDOH submit to HRSA.

The deliverables that the TA must provide for the host agency are:

- 1. Reports of work performed to the Program Director and Program Coordinator, that present evidence of compliance, including data reports prepared, evidence of activities (minutes, agenda and attendance sheet), calls, and more.
- 2. Financial reports of expenses incurred and obligation of funds according to the approved itemized budget.
- 3. Provide to the Health Department, HRSA and Great Kids, Inc., all information required for documenting and justifying performance reports.
- 4. Any information or report solicited by the host agency.

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

Breakdown Approximations	
Items	Budget Cost
Activities (CQI, Online Data System, Project Coordination and Technical Assistance)	\$135,000.00
Professional Development trainings for LIAs personnel	\$52,487.12
Supplies	\$8,000.00
Travels (local and mainland)	\$9,865.12
Administrative Cost (20%)	\$37,497.42
Total	\$242,849.66



BUDGET

The budget allocated for this project is **\$242,849.66** for the period of September 30, 2024, and September 29, 2025.

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.
- The organization

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
TELEPHONE: 787-765-2929
EXTENSION: 4475 / 4861 / 3450

- The deadline to submit proposals will be **Friday, September 6, 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 September 6, 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:
 - **Executive Summary:** A brief overview of the proposed approach and key qualifications.
 - **Organization Overview:** Description of the organization, including relevant experience with evidence-based programs and curriculums.
 - **Technical Assistance and Evaluation Plan:** Detailed description of the proposed approach, methodologies, and timeline for both technical assistance and evaluation.
 - **Team Qualifications:** Bios of team members, highlighting relevant experience and expertise.
 - **Budget:** Budget narrative and detailed budget including costs for services, travel, materials, and other expenses.
 - **References:** Contact information for at least three organizations that the entity has provided services.

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:



EVALUATION TABLE RFP-SP-2024-2025-006-SMNA			
Criteria	Weight	Value	Total
The Organization's experience in providing the services described in this RFP	4		
Detail description of the services requested in this RFP	5		
Compliance with the elements and requirements of the requested proposal	5		
References	2		
Financial Capability	3		
Total			

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
Compliance with the Elements and Requirements of the Proposal	Detailed description of the proposed approach, methodologies, and timeline for both technical assistance and evaluation
	The organization has the technical and personnel skills to work with the Program
	Content of the proposal
	Budget narrative and detailed budget

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

Applicant Unit:	Maternal, Child and Adolescent Health Section Puerto Rico Department of Health
Contact Information:	Denise Marrero Santana 787-765-2929, ext. 4475/3450
Application Number:	RFP-SP-2024-2025-006-SMNA
Application Name:	Contracting Notice for Professional Services to Provide Technical Aasistance and Evaluation to the Puerto Rico Maternal, Infant and Early Childhood Home Visiting Program (PR- MIECHVP)
Service Category (Technology, Management Consulting, Etc.):	Request for Professional Services
Date of Publication of the Application:	August 16, 2024
Deadline for Submitting Questions:	August 23, 2024, until 4:00 PM
Deadline to answer questions:	August 29, 2024, until 4:00 PM
Submit Proposal at the Auction Office:	Department of Health Auction Office, Building J, Second Floor.
Deadline for Submission of Proposals:	Friday, September 6, 2024, until 12:00 PM
Form Request and Related Documentation request it to:	subastas@salud.pr.gov



ANEJO I

Departamento de Salud
Gobierno de Puerto Rico

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 y Fax:

Correo Electrónico:

Corporación Foránea

Nombre del Agente Residente

Dirección

Número de Teléfono y Fax



Departamento de Salud
Gobierno de Puerto Rico

ANEJO II

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)

Afidávit Número: _____

FIRMA



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

ANEJO III

(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) _____.

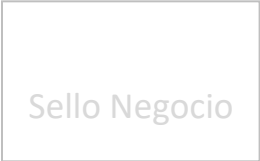
Nombre y Apellido	Posición	Firma

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)

Sello Notarial



ANEJO IV

DECLARACIÓN JURADA
LEY NÚM. 2-2018
(No se aceptará Declaración Jurada que tenga
borrones, tachaduras o corrector)

Comparece _____, un(a) _____ organizada y
existente bajo
(nombre del negocio o compañía) (tipo de negocio)

las leyes de _____, representado(a) en este acto por
_____,
(estado, territorio o país) (nombre en letra de
molde)

mayor de edad, _____, y vecino(a) de _____,
_____ quien,
(estado civil) (domicilio) (país)

BAJO EL MÁS SOLEMNE JURAMENTO, DECLARO:

1. Que mi nombre y demás circunstancias personales son las anteriormente expresadas.
2. Que ocupó el cargo de _____ en la compañía o negocio antes mencionado.
(título)

3. Que reconozco que por virtud de la Ley Núm. 2 de 4 de enero de 2018, según enmendada, conocida como el “Código Anticorrupción para el Nuevo Puerto Rico”, se dispone que cualquier persona, sea natural o jurídica, que haya sido convicta por: infracción a los Artículos 4.2, 4.3 o 5.7 de la Ley 1-2012, conocida como “Ley Orgánica de la Oficina de Ética Gubernamental”; por infracción a alguno de los delitos graves contra el ejercicio del cargo público o contra fondos públicos de los contenidos en los artículos 250 al 266 de la Ley 146- 2012, según enmendada, conocida como “Código Penal de Puerto Rico”; por cualquiera de los delitos tipificados en el “Código Anticorrupción para el Nuevo Puerto Rico” o por cualquier delito grave que involucre el mal uso de los fondos o propiedad pública, incluyendo pero sin limitarse a los delitos mencionados en la sección 6.8 de la Ley 8-2017, según enmendada, conocida como “Ley para la Administración y Transformación de los Recursos Humanos en el Gobierno de Puerto Rico”; estará inhabilitada de contratar o licitar con cualquier agencia ejecutiva del Gobierno de Puerto Rico, corporación pública o municipio, por el término aplicable bajo la sección 6.8 de la Ley 8-2017, supra.

Para fines de la jurisdicción federal o de los estados o territorios de los Estados Unidos de Norteamérica o de cualquier otro país, aplicará la prohibición contenida en la aludida ley en casos de convicción por los delitos cuyos elementos constitutivos sean equivalentes a los de los referidos delitos.

4. Complete solo UNO (1) de los siguientes párrafos [(a) o (b)]. No se aceptarán Declaraciones Juradas que tenga ambos párrafos completados:

Complete solo UNO (1) de los siguientes párrafos [(a) o (b)]. No se aceptarán Declaraciones Juradas que tenga ambos párrafos completados:

- a) Que ni el suscribiente, ni _____, ni ninguna de sus subsidiarias, o alter ego,
(nombre del negocio o compañía)

subsidiarias, o alter ego, ni ninguno de sus presidentes, vicepresidentes, directores, directores ejecutivos, o miembros de su Junta de Oficiales o Junta de Directores, o persona que desempeñe funciones equivalentes, ha sido convicto o se ha declarado culpable en el foro estatal o federal, en cualquier otra jurisdicción de los Estados Unidos de Norteamérica o en cualquier otro país, o está bajo investigación en cualquier procedimiento legislativo, judicial o administrativo, ya sea en Puerto Rico, Estados Unidos de Norteamérica o cualquier otro país por



cualesquiera de los delitos mencionados en el Artículo 3.4 de la Ley 2-2018, supra o su equivalente para propósitos de la referida Ley 2-2018, supra.

b) Que _____ o _____, la cual es o fue subsidiaria o alter
(nombre del negocio o compañía) (nombre de una subsidiaria o alter ego)

ego de _____ o _____ ocupando el cargo de
(nombre de negocio o compañía) (nombre de presidente, vicepresidente, director, director ejecutivo, o miembros de Junta de Oficiales o Junta de Directores, o Persona que desempeñe funciones equivalentes)

_____ en la compañía antes mencionada,
(nombre de presidente, vicepresidente, director, director ejecutivo, o miembros de Junta de Oficiales o Junta de Directores, o Persona que desempeñe funciones equivalentes)

☐ se ha declarado culpable (nombre de presidente, vicepresidente, director, director ejecutivo, o miembros de Junta de Oficiales o Junta de Directores, o persona que desempeñe funciones equivalentes), o

☐ ha sido convicto en el foro estatal o federal, en cualquier otra jurisdicción de los Estados Unidos de Norteamérica o en cualquier otro país por, o

☐ está bajo investigación en cualquier procedimiento legislativo, judicial o administrativo, ya sea en Puerto Rico, Estados Unidos de Norteamérica o cualquier otro país, por cualesquiera de los delitos mencionados en el Artículo 3.4 de la Ley 2-2018, supra o su equivalente para propósitos de la referida Ley 2-2018, supra.

_____ o _____
O _____
(nombre de negocio o compañía) (nombre de una subsidiaria o alter ego) (nombre de presidente, vicepresidente, director, director ejecutivo o miembros de Junta de Oficiales o Junta de Directores, o persona que desempeñe funciones equivalentes)

se declaró culpable, fue convicto por, o está bajo investigación en cualquier procedimiento legislativo, judicial o administrativo por _____ en _____ ante _____
(nombre del delito; grave o menos grave) (país / jurisdicción) (organismo o tribunal)

La convicción o declaración de culpabilidad fue el _____.
(día – mes – año)

5. Que suscribo esta Declaración Jurada de conformidad a los establecido en la Ley 2-2018, supra.
6. Que entiendo y acepto que la convicción o declaración de culpabilidad por cualquiera de los delitos enumerados en el Artículo 3.4 de la Ley 2-2018, supra, conlleva, además de cualesquiera penalidades, la rescisión automática de todos los contratos entre el suscribiente, la compañía o negocio que represento y cualquier entidad gubernamental, corporación pública, municipio, la Rama Legislativa o la Rama Judicial, a la fecha de tal convicción o declaración de culpabilidad
7. 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 y/o legal.

Y PARA QUE ASÍ CONSTE, juro y firmo la presente declaración en _____, a ____ de _____ de 20____.

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

Nombre del (de la) Notario(a)

Firma del (de la) Notario(a)

Sello Notarial



ANEJO V

ACUERDOS Y COMPROMISOS DE LOS PROPONENTES

GOBIERNO DE PUERTO RICO
DEPARTAMENTO DE SALUD

ACUERDOS Y COMPROMISOS DE LOS PROPONENTES

- 1. Entiendo que esta propuesta es sólo una solicitud para competir por los fondos y que no constituye un compromiso ni una obligación del Departamento de Salud de otorgar los fondos solicitados.
- 2. 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.
- 3. Entiendo que cualquier información falsa aquí provista significará el rechazo de mi propuesta y/o terminación de mi participación en el Proyecto, aún si este hecho se descubre posterior a la fecha de aprobación de mi propuesta, o la firma del contrato.
- 4. Garantizo que no existe conflicto de intereses entre mi persona, o miembros de mi entidad, y el Departamento de Salud o sus empleados.
- 5. Entiendo que como proponente asumiré todos los costos de la preparación de esta solicitud de fondos.
- 6. Entiendo y acepto que, de no entregar los documentos requeridos en el término señalado, 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 elproponente, o la persona autorizada a representarle.

Nombre en letra de molde

Fecha

Firma



ANEJO VI

Certificado RUP y/o RUL

(Sera provista por el proponente)