



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 JAYUYA AND ADJUNTAS  
RFP-SP-2024-2025-008-SMNA-R2**

**Deadline to submit the proposal:  
Friday, January 10, 2025, 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, Orocovi, 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 Jayuya and Adjuntas 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 Jayuya and Adjuntas 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 (Jayuya and Adjuntas). 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 Jayuya and Adjuntas 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, 2024, through September 29, 2025) and includes start and completion dates for activities.

COMPENSATION

The budget allocated for this project is **\$271,666.55** 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                                                                       | \$22,143.60                  |
| 1-Local – for home visits, meetings, and trainings                               |                              |
| 2-Mainland – Meeting Attendance at the All-Grantee Meeting and HFA for one staff |                              |
| Travel expenses for trainings required by EBM (HFA) or Curriculum (GGK)          |                              |
| 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                                                                         | \$3,175.75                   |

- 1-Nutritional Snacks for family activities and Advisory Committee Group
- 2-Group activities for families
- 3-Program Promotion
- 4-Costs Training for Personnel
- 5- Personnel Background Check (\$70 x 6 staffs)

- F. Operational Cost \$45,309.60
- 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

- The deadline to submit proposals will be **Friday, January 10, 2025, 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 Friday, January 10, 2025, 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:

| EVALUATION TABLE<br>RFP-SP-2024-2025-008-SMNA-R2                                                     |        |       |       |
|------------------------------------------------------------------------------------------------------|--------|-------|-------|
| Criteria                                                                                             | Weight | Value | Total |
| 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      |       |       |
| 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                                                                 |
|---------------------------------------|-----------------------------------------------------------------------------------------|
| 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 |

| Criteria             | Details to be evaluated                                                |
|----------------------|------------------------------------------------------------------------|
| Financial Capability | Evidence of financial statements and lines of credit (if you have any) |

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<br>Puerto Rico Department of Health                                                                                        |
| Contact Information:                                        | Denise Marrero Santana<br>787-765-2929, ext. 4475/3450                                                                                                                   |
| Application Number:                                         | RFP-SP-2024-2025-008-SMNA-R2                                                                                                                                             |
| Application Name:                                           | Contracting Notice for Professional Services to Implement the Puerto Rico Maternal, Infant and Early Childhood Home Visiting Program (PR-MIECHVP) in Jayuya and Adjuntas |
| Service Category (Technology, Management Consulting, Etc.): | Request for Professional Services                                                                                                                                        |
| Date of Publication of the Application:                     | December 20, 2024                                                                                                                                                        |
| Deadline for Submitting Questions:                          | December 26, 2024, until 4:00 PM                                                                                                                                         |
| Deadline to answer questions:                               | January 3, 2025, until 4:00 PM                                                                                                                                           |
| Submit Proposal at the Auction Office:                      | Department of Health<br>Auction Office, Building J, Second Floor.                                                                                                        |
| Deadline for Submission of Proposals:                       | Friday, January 10, 2025, until 12:00 PM                                                                                                                                 |
| Form Request and Related Documentation request it to:       | <a href="mailto:subastas@salud.pr.gov">subastas@salud.pr.gov</a>                                                                                                         |

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

ANEJO II

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, **cuvas firmas aparecen en el presente documentomás 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

Sello Negocio

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 \_\_\_\_\_.

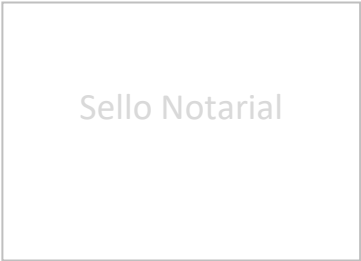
En \_\_\_\_\_, \_\_\_\_\_, hoy \_\_\_\_ de \_\_\_\_\_ de 20\_\_\_\_.

\_\_\_\_\_

\_\_\_\_\_

Nombre del (de la) Notario(a)

Firma del (de la) Notario(a)



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)



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

**Certificado RUP y/o RUL**

(Sera provista por el proponente)