

# **Electronic Health Record (EHR) Request for Proposal (RFP)**

Proposal Due: March 22, 2019

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## SECTION 1 – RFP INFORMATION

### I. Introduction

#### A. Purpose and Background

##### ■ Purpose of the EHR selection

The Kickapoo Tribal Health Center is seeking a proposal to provide technical and professional services functionally replacing the current Resource Patient Management System (RPMS) Electronic Health Record system through Indian Health Service for inpatient and ambulatory services to comply with all Federal (e.g., HIPAA, HITECH), State, and The Joint Commission (or other accrediting body) health information security standards for data integrity, confidentiality, auditing and availability.

##### ■ Background on the organization

Kickapoo Tribal Health Center (KTHC) has been open since January of 1998. The Kickapoo Tribal Health Center is an ambulatory care facility compact from the Indian Health Service. The ambulatory clinic provides a variety of services including, medical, dental, pharmacy, lab, x-ray, health education, fitness instruction, nutrition, counseling, contract health, elder care, community health, and behavioral health.

#### B. Service Offering / Program Metrics & Information

**Table 1.1: Kickapoo Tribal Health Center Services**

<b>Medical Services</b>	<b>Elder Care</b>
<b>Public Health Nursing</b>	<b>Behavioral Health</b>
<b>Optometry</b>	<b>Diabetes Prevention, Treatment and Control</b>
<b>Dental</b>	<b>Substance Abuse</b>
<b>Pharmacy</b>	<b>Ancillary Services- Radiology and Laboratory</b>
<b>Family Health and Nutrition Education</b>	<b>Community Health Services</b>

### II. Scope of the Proposal

- Health Management system that provide fully operational, integrated into health center's operation and clinical care.
- Planning and executing data migration of historical patient date from RPMS to the new system
- Building, deploying and maintaining interfaces to the new system
- Develop and deliver training materials to be used by the end user
- Conduct facility staff training to use and support of the new system
- Design and code the required functionality required to use the system
- Providing on going software maintenance and technical support for the new system
- Revenue Cycle including Ambulatory Practice Management and Billing and coding system

- Continuity of Care Documents exchange with health care partners
- Workflow automation - Medical Summary document exchange, ambulatory orders to laboratory and diagnostic imaging, consultation requests and consultation notes
- Document imaging
- Dictation / transcription / voice recognition
- Data warehousing systems
- Others if applicable

### III. Instructions for Responding

#### A. Selection Process and Timetable

This Request for Proposal (RFP) represents a significant opportunity to enter into a strategic partnership with Kickapoo Tribal Health Center. The RFP will assist in identifying and selecting preferred healthcare IT companies with systems capable of delivering the highest level of support in the most cost-effective and efficient manner possible. The intent of this RFP is to communicate the IT requirements to a pre-screened select number of companies in a manner that enables each company to prepare an acceptable thorough response. These responses will assist the Kickapoo Tribal Health Center in making such selection.

The Kickapoo Tribal Health Center will review and evaluate the submitted proposals. Vendors will be kept informed of their status throughout the evaluation process and vendors whose proposals meet the evaluation criteria will be invited to demonstrate their proposed system solutions. Demonstrations will be held onsite as described in Section III-J.

**Table 2.1**

Task	Date
Distribute RFP	March 11, 2019
Submit RFP Questions via Email	March 11, 2019
Responses to RFP Questions	March 15, 2019
RFP Responses Due	March 22, 2019
Notification of Short List Selection & Invitation to Onsite Demonstration / Guidelines	March 29, 2019
Conduct Onsite or Web Demonstrations	April 8-12, 2019
Select Vendor of Choice	April 19, 2019

Kickapoo Tribal Health Center reserves the right to request site visits to representative vendor clients as part of the contractual negotiation and agreement phase.

Proposals must be received and submitted electronically per the contact information in [Section E](#) below and received on or before 5:00 PM CDT on March 22, 2019.

### *B. Proposal Submission*

Your response to this RFP should be submitted in accordance with the schedule above, and should include the following components:

1. The completed Vendor Response section, including:
  - 1) Responses to general, functional, operational and technical requirements
  - 2) Requested Project Cost information
  - 3) Requested Project Staffing information
  - 4) Company information
  - 5) Authorized signature
2. A hard copy or link to your latest annual report (for public entities), or any published financial information available (for private entities).
3. A copy of your company's proposed master agreement language governing performance of the services. Kickapoo Tribal Health Center reserves the option to incorporate the response to the RFP document into a contract.
4. Noted exceptions to any contents of this RFP, which should be included as a separate section in your response. Your exceptions, if any, should indicate the RFP section number and include a clear statement as to your company's position on the subject / issue. The exceptions may or may not exclude a respondent from consideration.

### *C. Proposal Conditions*

- All pages of your response should clearly include your company's name, the date of your proposal, and the question it is addressing.
- You should respond to **all items** in the RFP as thoroughly as possible. Statements such as "all reasonable effort to provide" must be avoided. Unclear or ambiguous answers will negatively affect your proposal and will be cause for disqualification.
- Unless a question is specifically about future vision or product plans, only functionality that is in generally available release should be included in the question responses and functionality descriptions.
- Because this document solicits multiple solutions in different settings, it should be assumed that each requirement listed is not applicable to every solution. However, every requirement must be addressed. Inability to meet any specified requirement must be so stated and thoroughly explained. If the explanation includes alternative solutions, please specify.
- Kickapoo Tribal Health Center expects to have additional functionality questions or clarifying questions after the proposal is submitted. Vendors should be prepared to answer follow-up questions with written responses and/or demonstrate functionality as part of a presentation.
- Your proposal must be signed by a representative authorized to bind your company. This signature should be included in the electronic version sent back to us by the date outlined in the table.

- By the issuance of the RFP, the Kickapoo Tribal Health Center is not obligated to award a contract. Kickapoo Tribal Health Center maintains the right to accept any or all or reject any, all, or part of the proposal.
- Kickapoo Tribal Health Center shall not be responsible for any costs involved in the preparation of proposals, their presentation, or site visits. No vendor awarded a contract as a result of this RFP may charge any costs associated with preparing or presenting the proposal back to the Kickapoo Tribal Health Center at any time.
- No part of this RFP will become part of any final agreement between the Kickapoo Tribal Health Center, and Vendor unless specifically incorporated into a final written agreement. Any or all contents of your proposal may become part of a final agreement as determined by the Kickapoo Tribal Health Center.
- All Proposals submitted will be reviewed in accordance with Federal Procurement Rules and Kickapoo Tribal Health Center Procurement guidelines.

*D. Communication / Questions and Answers*

Questions should be submitted via email to:

**David James**  
**405-964-2081**  
**David.james@okkthc.com**

In an effort to provide direct and consistent information and feedback, the Kickapoo Tribal Health Center's leadership will be following pre-established ground rules not to participate in discussion regarding this RFP outside of this process. Attempts to communicate directly with the Kickapoo Tribal Health Center's employees will affect the evaluation of your company's proposal. Please respect this protocol.

*A. Submission Deadline*

Responses are due by 5:00 PM CDT on March 22, 2019. All responses and any supporting documentation should be submitted in electronic format using MS Office applications or in PDF form. Please direct responses via email to:

**Aaron Harley**  
**405-964-2081**  
**Aaron.harley@okkthc.com**

*B. Proposal Duration*

All prices, terms, and conditions quoted in the vendor's proposal or negotiated thereafter must remain firm for a minimum period of six months from the Kickapoo Tribal Health Center receipt thereof.

*C. Confidentiality*

This request for proposal, and the information contained herein, belong to the Kickapoo Tribal Health Center and are considered confidential business information of the Kickapoo Tribal Health Center. The information is intended only for your company's use in preparing a response to this Request for Proposal, and may not be communicated to any other parties, either internally or externally, that are not directly involved in preparing your company's response.

*D. Notifications*

Vendors may be contacted for additional information or clarification of proposals following submission. After the receipt of all vendor proposals that meet the above deadline, a "short list" will be created, of which the included vendors will be notified to continue in the selection process and present onsite product demonstrations. Following the onsite demonstrations each vendor will again be notified of the final decisions.

*E. Evaluation Criteria*

Kickapoo Tribal Health Center will evaluate all proposals submitted as described above in accordance with selection criteria deemed critical to the success of this initiative. The Kickapoo Tribal Health Center reserves the right to (1) reject any or all proposals, and (2) waive formalities and irregularities in proposals received.

The selection of a Vendor by the Kickapoo Tribal Health Center under this RFP will be based upon some, or all, of the following criteria (not necessarily in the following order or priority).

- **Track Record of Successful Implementation and Satisfied Customers** – as evaluated through reference checks, industry ratings, and site visits as deemed necessary by the Kickapoo Tribal Health Center.
- **Demonstrated Ability to meet Physician and Clinician Needs and Demonstrates the Continuity of the Patient Record across Functions, Departments, and Care Settings** – as evaluated in demonstrations, workshops, and reference checks.
- **Ambulatory Platform and Practice Management** – the system should have a common patient database so that information can be freely shared between care settings without the need to interface between modules. The practice management system should have fully integrated revenue cycle capabilities across the ambulatory environment. The system needs to seamlessly provide ambulatory patient access / registration, scheduling, patient accounting / billing and additional practice management functions.
- **Investment Requirements** – total cost of ownership including such items as hardware, software, implementation, staffing, and training; potential for cost savings; cost / value.
- **Logical and Straightforward Implementation, Training, and Data Conversion Plans** – overall solution and proven ability to manage implementation within specified timeframe and cost parameters.
- **Technical Foundation** – use of industry-standard architectures and platforms; maintenance and monitoring requirements, consistency with client technologies.
- **Support and Upgrade Processes** – ease of product support; plans for system upgrades and associated downtime.
- **History and Future Focus** – vendors’ history of success; product lifecycle and roadmap; future development plans.
- **Evaluation Against Requirements** – evaluation against the requirements as outlined through this RFP, and exhibition of capabilities in proposal and demonstration.
- **Demonstration Evaluation based on use cases provided by the Kickapoo Tribal Health Center as well as ability for vendor to show how their solution will meet Kickapoo Tribal Health Center requirements in an integrated fashion.**
- **Terms and Conditions** – exceptions to the company’s standard Terms and Conditions.

The Kickapoo Tribal Health Center reserves the right to make an award solely based on the proposals submitted, or to selectively negotiate with one or more vendors on any or all parts of their proposal after its submission. The companies entering into negotiations with any vendor participating in this RFP shall not require the Kickapoo Tribal Health Center to negotiate separately with the other vendor.

#### *F. Onsite Demonstrations*

The Kickapoo Tribal Health Center will request vendor demonstrations of vendors whose proposed solution meets the Kickapoo Tribal Health Center’s RFP evaluation criteria. Vendor demonstrations of application functionality,

integration, and technology will be performed at Kickapoo Tribal Health Center's facilities, and vendors will be requested to perform or display a number of scenarios and use cases designed to test key functions and vendor responses to the RFP.

Vendor demonstration agenda and specific dates will be finalized based on the responses to this RFP, and demonstration instructions and schedules will be delivered separately.

The vendor demonstrations are an integral part in the decision-making process for physicians, clinicians, and department leaders. The demonstration format and timing is designed to give key stakeholders ample opportunities to see the proposed solution and ask detailed questions.

Please be prepared to have available resources onsite the week of April 8-12,2019, if selected for the onsite demonstrations.

### *G. Reference Calls*

Vendor's response must include a list of appropriate references along with contact information. If chosen to do so, reference calls will commence following the onsite demonstrations prior to the vendor of choice decision.

The following information should be supplied along with the Vendor's response:

- i. Organization's Name
- ii. Organization Address
- iii. Geographic Scope of Organization
- iv. Group Purchase Organization Affiliation, if any
- v. Number / Size / Type of Facilities
- vi. Number of Affiliated Physicians
- vii. Names of Applications Installed
- viii. Application Go-Live Dates
- ix. Previous System Environment
- x. CFO / CIO / CMIO / CMO or Clinical Officer / CNO (include names and contact info)
- xi. Executive Project Sponsor

## **IV. Volumes and Metrics**

### *A. Current Volumes and Metrics*

- Table contain current volume and metric data that will aid the vendor for scoping, sizing, and pricing.

DESCRIPTION	LICENSE METRIC	QUANTITY	PRICE IF HOSTED	PRICE IF ON PREMISE
Physician	Per Provider	12		
Mid-Level Provider	Per Provider	16		
Practice Analytics System license	Per User	1		
Practice Analytics Server	Per CPU	1		
Microsoft SQL License	Per CPU	1		
CHC Module	Per Module	1		
Unlimited VIA Training	Each	1		
Dental Named User License if included	Per User	13		
Dental Digital Imaging Named user License if included	Per User	4		
Community (Includes 50 Measures)	Per Provider	8		
Optometry	Per Provider	2		
Behavioral Health	Per Provider	10		
Community EDW	Per Customer	1		
Laboratory	Per User	5		
Radiology	Per User	5		
<b>TOTAL MONTHLY RECURRING SUBSCRIPTION SERVICES:</b>				

TERM	BILLING CYCLE
60 Month(s)	Monthly in advance in U.S.\$

**SUBSCRIPTION SERVICES**

DESCRIPTION	LICENSE METRIC	QUANTITY	Total Price
Chronic Care Management Provider Subscription	Per Provider	8	
<b>TOTAL MONTHLY RECURRING SUBSCRIPTION SERVICES:</b>			

**PROFESSIONAL SERVICES**

DESCRIPTION	UNIT OF MEASURE	QUANTITY	Total Price
Chronic Care Management Implementation	Per Provider	8	
<b>TOTAL FOR PROFESSIONAL SERVICES:</b>			

**TRANSACTION SERVICES**

DESCRIPTION	LICENSE METRIC	QUANTITY	TOTAL PRICE
Chronic Care Management- Digital	Per Member	1	

TERM	BILLING CYCLE
60.0 Month(s)	In arrears in U.S.\$

**SOFTWARE CURRENTLY IN USE WITH RPMS**

Current Software	Type of Software	Number of Users
Pharmacy	Computer RX	10
Lab	RPMS System/Data Innovations	5
X-Ray	RPMS and worklist for Philips Ultrasound and Carestream	5
Dental	Dentrix	13
Behavioral Health and Physicians	Dragon Medical	25
Optometry	RPMS	2
Billing and Coding	RPMS and Ability insurance verification and electronic claims filing, Point of sale- change healthcare, FQHC Billing with Medicare and OMB billing with Medicaid	10

## SECTION 2 – VENDOR RESPONSE

### I. Requirements

This section presents questions related to the design and operational aspects of the system. Two types of questions are presented – objective questions that require a yes or no response and additional questions that necessitate a short answer response.

In the Excel spreadsheet that accompanied this RFP, please answer each question in each tab completely, concisely, and accurately. Please note that a "yes" response implies the ability to meet the requirement through solution(s) that are currently available in general release. If not currently available, select "no" and describe the progress being made to make available (e.g., 2013 release, in beta, etc.). Space is provided for additional comments and some questions request elaboration. This field is an opportunity to better explain how your proposed solution can meet the Kickapoo Tribal Health Center's needs.

It should also be made explicitly clear whether solutions are provided by the main (responding) vendor or if a "partner" is being proposed. You must indicate on the included Excel workbook tabs where this occurs. In cases where your company is offering a partner solution, you are responsible for all aspects of delivery and performance.

Technical or promotional materials may be referenced as attachments or appendices but are not to be used in lieu of answering the question. Do not include these materials in the body of the response.

For questions related to any requirements please provide a separate table, include the requirement number, and reiterate the original requirement in question.

#### A. *General Requirements and Vision*

Please describe the following:

1. Your company's background, industry experience, and product development strategy.
2. Your company's commitment and approach to develop and provide software that is keeping pace with the ongoing and rapid changes in healthcare information and technology to stay abreast with Government required mandatory regulations, requirements, healthcare updates and or upgrades, Patient's quality of care, Patient's Portal to request refills, referrals, review health records, review test results, combine medical practice management and move data from charts to billing, detailed financial and operational metrics, claims management denial, compliance, customer service and business intelligence reporting.
3. Your plans for the ongoing development of the proposed system to include enhancements and additional functionality.
4. Any toolkits incorporated into your system to maximize flexibility and simplify configuration.
5. Any experience your company has with other Native American health care center organizations that are using the system and your vision in future partnership with the health center.
6. Your system's ease of use capabilities and support structure, including online help and documentation.

### *B. Functional Requirements*

Excel workbook **Tab B** lists specific system functionality requirements and/or questions required to support the Kickapoo Tribal Health Center. For each functionality item, please describe how the proposed solution meets the requirement. If the requirement is not met with the proposed solution or is not currently available, please indicate so. Only generally available applications should be included in the response.

*Functional requirements may contain general requirements including: integration, Meaningful Clinical Decision Support, Data Conversions, ICD-10, Electronic Medical Record requirements, Practice Management requirements, Billing requirements, IT/IS requirements, Business Intelligence/Analytics/Reporting requirements, among others deemed required by your organization.*

The complexity of the interactions related to value-based care as well as its relative newness as a care model, require that a combination of technology solutions is needed to meet specific communication, data sharing and analytics capabilities. Therefore, when responding to the technology requirements please clearly indicate the vendor, product suite, and module that satisfy each line item so we have an accurate assessment of what products are needed to create the technology architecture for the Kickapoo Tribal Health Center.

**Failure to clearly answer every requirement included in this appendix may cause you to be disqualified from this RFP process.**

### *C. Operational Requirements*

Excel workbook **Tab C** lists specific operational capabilities and methods that are important to the success of the Kickapoo Tribal Health Center. Please answer each question completely, describing how your solution provides the required operational components. Where possible, give examples of how your solution has been used with other clients to address these areas.

**Failure to clearly answer every requirement included in this appendix may cause you to be disqualified from this RFP process.**

### *D. Technical Requirements*

Excel workbook **Tab D** should be completed to explain the technical environment for your solution. If there are options, please indicate preferred one.

**Failure to clearly answer every requirement included in this appendix may cause you to be disqualified from this RFP process.**

## **II. Source of Applications**

For any of the applications and modules being proposed as part of the solution, please note if they are either a) obtained by vendor from a third party or required/suggested to be obtained by the Kickapoo Tribal Health Center from a third party, or b) if they are not part of the common database structure and are incorporated by way of interface or other means.

### III. Project Cost

System costs are a key evaluation criteria and a part of the competitive process. Vendors must list all costs associated with the proposed solution. It is absolutely essential that vendors provide best offering in their response, using the summary of costs details provided below. Vendors may supplement the requested information, but the information requested is required at a minimum. Failure to clearly address all costs in the format provided may result in disqualification.

The cost section of the proposal separates one-time costs, implementation / installation costs, and recurring costs. Please include any assumptions used in deriving cost information. Please list software costs by module / application. The proposal needs to clearly define **all** costs expected to be incurred by the Kickapoo Tribal Health Center during implementation and throughout a five-year term.

The following is a format summary of the cost details required:

- A. **System Hardware Purchase Costs:** System hardware costs are defined as costs to purchase the hardware required with listed configuration, based on current and future growth projections to install and run the system you are proposing. Vendors are expected to include adequate costs for high-availability environment, development/test/training environment appropriate to the Kickapoo Tribal Health Center's size and the proposed implementation schedule, and server capacity needed to accommodate specified database and reporting requirements. Costs should include both purchased and leased options, where applicable.
- B. **System Software Costs:** System software costs are defined as costs to purchase or license the software required with listed hardware configuration, based on current and future growth projections to install and run the system(s) you are proposing. Optional system software the vendor reasonably anticipates may be desirable to the Kickapoo Tribal Health Center may be listed in a separate version of the table below and specifically labeled as optional systems software. Costs should include both purchased and leased options, where applicable.
- C. **Application Software Costs:** Software application costs are defined as costs to purchase/license the software applications the vendor is proposing. Please list each application you are proposing separately. Please include all application software necessary to implement and operate the system including client software as specified in scope and functionality requirements. Optional software that the vendor reasonably anticipates may be desirable to the Kickapoo Tribal Health Center may be listed as well and specifically labeled as optional software.
- D. **Interfaces and Conversions:** Interface and conversion costs are those costs anticipated to transition from the current environment to the new systems, replace existing interfaces and/or new interfaces anticipated to be necessary to support the functionality specified in the scope and vision sections of the RFP. Optional interfaces and conversions the vendor reasonably anticipates may be desirable to the Kickapoo Tribal Health Center may be listed and specifically labeled as optional interfaces and conversions.
- E. **Implementation and Training Costs:** Implementation and training costs are those costs that accompany the purchase and installation of the proposed solution. It includes testing, start-up, training, help documentation, and supplies.

- F. **Summary of Costs:** Please provide summary of the above totals, as well as the five-year cost to operate the proposed solutions/configurations. Please include breakout of costs of module versus enterprise license.

## IV. Project Staffing

Vendors must provide or include staffing requirements necessary for the proposed solution. Please detail any Kickapoo Tribal Health Center and vendor staffing that will be needed to support project implementation as well as staffing for ongoing support and upgrades post-live. Include both FTE counts as well as duration of involvement during and after implementation.

## V. Company Information

Please complete all applicable sections below as clearly and completely as possible. Information provided outside of the Excel workbook appendix can be included, but should be documented and clearly referenced.

### A. General Information

1. Please provide complete contact information including Full Company Name, Corporate Headquarters location, address, phone, fax, and primary contact name and e-mail address.
2. Please describe how you leverage clinical SMEs with your application design efforts.
3. Please indicate the appropriate day-to-day contact personnel for inquiries related to this RFP or any subsequent discussions.
4. If your firm is a public entity, please provide a copy of your most recent annual report along with this RFP. If your firm is a private entity, please provide any published financial information available.
5. Please define your company's geographic scope of operations.
6. Describe your firm's approach to quality and data integrity regarding the information and services you provide. Denote any quality awards of significance achieved and when.
7. Describe how your company manages workload peaks from a resource perspective. How can the Kickapoo Tribal Health Center be assured that the right quantity of skilled resources will be available for peak implementation periods, such as testing and go live? Does your company contract with third parties for resource assistance during peak periods?
8. Please provide your firm's overall revenues for the last three years (and explain any significant variances.)
9. In what year was your firm founded and how many years has your firm been providing related services?

*B. Service Offerings*

1. Please describe your firm's focus and core competencies. Please include a complete listing of products and solutions your company offers to their customers.
2. What distinguishes your company's capabilities from other firms in your industry? How do you compete with your nearest competitor in the market?
3. Similarly, please note in your proposal if Kickapoo Tribal Health Center should be aware of any value adds that the proposed solution will provide beyond the specific requirements outlined in this RFP.
4. What proprietary tools and/or methodologies does your firm use? How are these tools and/or methodologies superior to those of other firms within your industry?

*C. Operating Philosophy*

1. Intellectual property created in company / affiliate projects is a source of competitive advantage to Kickapoo Tribal Health Center. What is your firm's practice regarding the ownership rights to knowledge created in the course of an engagement paid for by your clients?
2. The Kickapoo Tribal Health Center expect that the scope of engagements will be agreed formally at the inception of an engagement and will not be altered without mutual written agreement. What practices do you utilize to manage project scope?
3. What is your firm's practice regarding the measurement of project success and/or client satisfaction?
4. What is your firm's practice regarding pricing structures and discounts offered to clients? Does your firm provide value added services that may affect pricing structures? If so, please describe them.
5. Please attach the proposed terms of the contract including but not limited to renewal, points of review, resolution of disputes, requirements of team makeup, process for altering the agreement, governance of the contract and the structure of the agreement.

## VI. Authorized Signature

Please provide an authorized signature in ink below to validate your responses to this RFP.

<b>Company Name:</b>	
<b>Authorized Signature</b>	
<b>Name (printed / typed):</b>	
<b>Date:</b>	