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# Attachment B - Bid Form

Compensation for services shall be in the form of a firm fixed-rate agreement. Through submission of this form, the Bidder certifies the following:

* 1. The Bidder agrees that submission of a signed bid form is certification that the Bidder shall accept an award made to it as a result of the submission.
  2. By submitting a bid, the Bidder certifies that it is registered to do business in the State of Mississippi as prescribed by the Mississippi Secretary of State.
  3. By submitting a bid, the Bidder certifies that it is not currently debarred from submitting bids for contracts issued by any political subdivision or agency of the State of Mississippi or Federal Government and that it is not an agent of a person or entity that is currently debarred from submitting bids for contracts issued by any political subdivision or agency of the State of Mississippi.

|  |  |
| --- | --- |
| **Bid Form**  **RECOVERY AUDIT CONTRACTOR**  **IFB #20220218** | |
| **Bidder:** | |
| **Recovery Activities** | **Proposed Contingency**  **Rate** |
| Post-Adjudication |  |
| Other Services |  |
| Other Services |  |
| Bidder: |  |
| **Projected Recoveries:** |  |
| **Average Rate:** | |
| I certify that I am legally obligating the above named Bidder to the conditions of this contract. | |
| Signature:  Date: | |
| Printed Name: | Title: |

# **Attachment B.2 - Independent Price Determination**

The Bidder certifies that the prices submitted in response to the solicitation have been arrived at independently and without, for the purpose of restricting competition, any consultation, communication, or agreement with any other bidder or competitor relating to those prices, the intention to submit a bid, or the methods or factors used to calculate the prices bid.

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**Name of Offeror**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed name of person attesting for Offeror Title of person attesting for Offeror**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of person attesting for Offeror Date**

[END OF RESPONSE]

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