

BID RESPONSE PACKET
710-19-1003

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION

Company:	ACA GPS, LLC			
Address:	107 Pilgrim Village Drive, Suite # 100			
City:	Cumming	State:	GA	Zip Code: 30040
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <input type="checkbox"/> Nonprofit	
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> African American	<input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic American	<input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> Women-Owned
	AR Certification #: _____		* See <i>Minority and Women-Owned Business Policy</i>	

PROSPECTIVE CONTRACTOR CONTACT INFORMATION

Provide contact information to be used for bid solicitation related matters.

Contact Person:	Trish Moynihan	Title:	Director of Sales & Marketing
Phone:	470-239-5524 xt 4050	Alternate Phone:	770-310-8550 (cell)
Email:	trish.moynihan@acagps.com		

CONFIRMATION OF REDACTED COPY

- YES, a redacted copy of submission documents is enclosed.
 NO, a redacted copy of submission documents is not enclosed. I understand a full copy of non-redacted submission documents will be released if requested.

Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.

ILLEGAL IMMIGRANT CONFIRMATION

By signing and submitting a response to this *Bid Solicitation*, a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION

By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.

Prospective Contractor does not and will not boycott Israel.

An official authorized to bind the Prospective Contractor to a resultant contract must sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's bid to be disqualified:

Authorized Signature:  Title: President

Use Ink Only.

Printed/Typed Name: Marc L Catalano Date: 9/12/2018

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.

- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	ACA GPS, LLC	Date:	09/12/2018
Signature:		Title:	President
Printed Name:	Marc L Catalano		

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.

- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

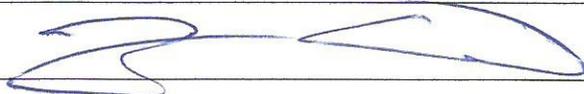
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	ACA GPS, LLC	Date: 09/12/2018
Signature:		Title: President
Printed Name:	Marc L Catalano	

SECTION 3 - VENDOR AGREEMENT AND COMPLIANCE

Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

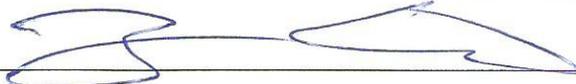
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	ACA GPS, LLC	Date:	09/12/2018
Signature:		Title:	President
Printed Name:	Marc L Catalano		

SECTION 4 - VENDOR AGREEMENT AND COMPLIANCE

Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	ACA GPS, LLC	Date:	09/12/2018
Signature:		Title:	President
Printed Name:	Marc L Catalano		

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

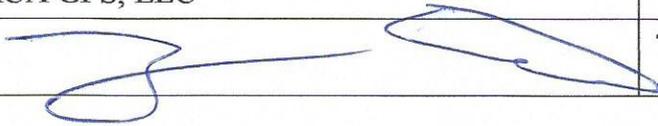
PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP
Brandywine Printing, Inc.	5249 Shiloh Road	Cumming, GA 30040

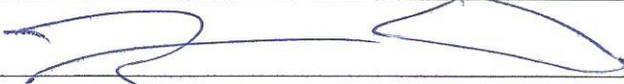
PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

By signature below, vendor agrees to and **shall** fully comply with all Requirements related to subcontractors as shown in the bid solicitation.

Vendor Name:	ACA GPS, LLC	Date:	09/12/2018
Signature:		Title:	President
Printed Name:	Marc L Catalano		

AUTHORIZATION SIGNATURE

By my signature below, I certify that the aforementioned statements are true and correct and that I accept the Terms and Conditions as presented in this bid, and that I am authorized by the respondent to submit this bid on his/her behalf.

Vendor Name: ACA GPS, LLC	Date: 09/12/2018
Signature: 	Title: President
Printed Name: Marc L Catalano	



107 Pilgrim Village Drive
Suite #100
Cumming, GA 30040

ACA GPS – Statement of Qualifications

ACA GPS has developed a cloud based SaaS application, ACA Management Tool®, which provides access control based on user permissions. The Tool® also has a public facing member portal that can be modified based on the needs of our clients.

ACA GPS was one of the first companies to receive approval from the IRS to use software to transmit 1094/1095 forms through the ACA Information Returns System (AIRS). We are authorized as a software developer and transmitter with approval to submit all Series C and Series B forms for private sector businesses, state and local governments and insurance companies, see Exhibit 1 – IRS Credentials.

We currently provide ACA compliance and reporting services to over 750 clients in 40 states and have averaged between 600 and 800 clients from 2015 until now.

In this packet, we have provided a list of 6 past performance examples for your review, see Exhibit 2 – Past Performance Examples. Three of them have provided letters of reference, as required; see Letter of Reference 1 – State of Alaska, Letter of Reference 2 – Employee Benefit Management Services (EBMS), and Letter of Reference 3 – County of Bernalillo, State of New Mexico.

For all 3 previous tax years, ACA GPS had a 100% on time distribution and filing service level for all of our subscribers.

As a commitment to our customers, ACA GPS has received and maintains a SOC 2, Type II certification.

Exhibit 1 – IRS Credentials – Page 2

▼ 🔒 🔍 Search

See What's Hot 1/1/2014 WildTangent Games fo... XFINITY by Comcast -- Of... XFINITY Connect Inbox (2) ALLDATA Supp...

Form T/P Indicators

Showing Items 1 to 5 of 5 ◀ Prev Page 1 Next ▶

Role	Forms	T/P Indicator	Transmission Method
Transmitter	1094/1095B	P	ISS-A2A - System Enroller, ISS-UI for ACA Internet Transmitter
	1094/1095C	P	ISS-A2A - System Enroller, ISS-UI for ACA Internet Transmitter
Software Developer 2014 Online	1094/1095B	T	ISS-A2A - System Enroller, ISS-UI for ACA Internet Transmitter
	1094/1095C	T	ISS-UI for ACA Internet Transmitter
Software Developer 2015 Online	1094/1095B	T	ISS-A2A - System Enroller, ISS-UI for ACA Internet Transmitter
	1094/1095C	T	ISS-A2A - System Enroller, ISS-UI for ACA Internet Transmitter
Software Developer 2016 Online	1094/1095B	T	ISS-A2A - System Enroller, ISS-UI for ACA Internet Transmitter
	1094/1095C	T	ISS-A2A - System Enroller, ISS-UI for ACA Internet Transmitter
Software Developer 2017 Online	1094/1095B	T	ISS-A2A - System Enroller, ISS-UI for ACA Internet Transmitter
	1094/1095C	T	ISS-A2A - System Enroller, ISS-UI for ACA Internet Transmitter

Showing Items 1 to 5 of 5 ◀ Prev Page 1 Next ▶

Software ID Information

Showing Items 1 to 4 of 4 ◀ Prev Page 1 Next ▶

Year	SW Package	Status	Software Product Name	Forms	Software ID	Status	Transmission Method
2017	Online	Production	ACA-TOOL-2017	1094/1095B	██████████	Production	ISS-A2A - System Enroller, ISS-UI for ACA Internet Transmitter
				1094/1095C	██████████	Production	ISS-A2A - System Enroller, ISS-UI for ACA Internet Transmitter
2014	Online	Production	ACA Management Tool	1094/1095B	██████████	Production	ISS-A2A - System Enroller, ISS-UI for ACA Internet Transmitter
				1094/1095C	██████████	Production	ISS-UI for ACA Internet Transmitter
2016	Online	Production	ACA-TOOL-2016	1094/1095B	██████████	Production	ISS-A2A - System Enroller, ISS-UI for ACA Internet Transmitter
				1094/1095C	██████████	Production	ISS-A2A - System Enroller, ISS-UI for ACA Internet Transmitter
2015	Online	Production	ACA-Tool-2015	1094/1095B	██████████	Production	ISS-A2A - System Enroller, ISS-UI for ACA Internet Transmitter
				1094/1095C	██████████	Production	ISS-A2A - System Enroller, ISS-UI for ACA Internet Transmitter

Showing Items 1 to 4 of 4 ◀ Prev Page 1 Next ▶

Software Developer Package List

Showing Items 1 to 4 of 4 ◀ Prev Page 1 Next ▶

Type	Tax Year	Product Name	Forms
Online	2017	ACA-TOOL-2017	1094/1095B,1094/1095C
Online	2014	ACA Management Tool	1094/1095B,1094/1095C
Online	2016	ACA-TOOL-2016	1094/1095B,1094/1095C
Online	2015	ACA-Tool-2015	1094/1095B,1094/1095C

Showing Items 1 to 4 of 4 ◀ Prev Page 1 Next ▶

◀ PREVIOUS
CONTINUE ▶
Cancel

Exhibit 1 – IRS Credentials – Page 3

 **Search Results For AIR**
A2A Client System ID

Create New A2A Client System ID
 Upload Certificate to Multiple A2A Client System ID's

TCCs All

Customer Name ACA GPS, LLC

Doing Business As ACA GPS, LLC

ASID	Name	Description	Status	Actions
	ACATool	ACATool	active	Edit Replace Certificate
	ACAtooltest	Testing	active	Edit Replace Certificate
	ACAGPSProd	ACA GPS PrDUCTION	active	Edit Replace Certificate

Exhibit 2							
Contract Start Date	Contract End Date, if applicable	Company Name	Address, City, State, Zip	Contact Name, Email Address & Phone Number	Services Provided	Project Amount	Staff Months Required
7/1/2015	We are currently in the 2nd year renewal option of a contract that provided for a guaranteed 2 year agreement with optional yearly extensions for 5 additional years. There are 3 yearly options remaining.	State of Alaska	Department of Administration PO Box 110204 Juneau, AK 99811	Katina Holmberg katina.holmberg@alaska.gov 907-465-5595	ACA Management Tool Reporting Only, Series C and Series B, distribution and filing.	2015 - 21,850 C, 13,300 B; \$90,000 2016 - 21,150 C, 15,800 B; \$87,639 2017 - 20,134 C, 16,000 B; \$85,225	1 week
4/1/2015	N/A - Ongoing Contract	Employee Benefits Management Services, Inc.	2075 Overland Avenue Billings, MT 59102	Brenna Yarina byarina@ebms.com 800-777-3575, xt 1428	ACA Management Tool Comprehensive Suite, includes Series C distribution and filing; ACA Management Tool Reporting Only Series C & Series B distribution and filing.	2015 - 71,498 C; \$193,361 2016 - 67,211 C; \$181,000 2017 - 66,727 C; \$180,000	This company is a third party administrator which we work with throughout the year.
12/30/2015	N/A - Ongoing Contract	County of Bernalillo, State of New Mexico	Human Resources Department One Civic Plaza NW, Room 4006 Albuquerque, NM 87102	Chuck Griffith cgriffith@bernco.gov 505-468-1506	ACA Management Tool Comprehensive Suite, includes Series C distribution and filing.	2015 - 2,657 C; \$6,956 2016 - 2,681 C; \$7,642 2017 - 2,704 C; \$7,348	1 day
10/1/2015	N/A - Ongoing Contract	Clark County, Nevada	500 S Grand Central Parkway Las Vegas, NV 89155	Jessica Colvin jessica.colvin@clarkcountynv.gov 702-455-3324	ACA Management Tool Reporting Only Series C & Series B distribution and filing.	2015 - 16,147 C, 5,851 B; \$52,289 2016 - 16,734 C, 6,016 B; \$44,279 2017 - 17,501 C, 6,133 B; \$59,402	1 week
2/25/2016	N/A - Ongoing Contract	Colonial Pipe	1185 Sanctuary Parkway, Suite 100 Alpharetta, GA 30009	Laketa Haddox lhaddox@colpipe.com 678-762-2809	ACA Management Tool Comprehensive Suite, includes Series C distribution and filing.	2015 - 949 C; \$5,893 2016 - 951 C; \$3,857 2017 - 986 C; \$3,953	1 day
12/17/2015	N/A - Ongoing Contract	Graham Holdings Company	1300 North 17th Street, Suite 1700 Arlington, VA 22209	Bruce Thomas Bruce.Thomas@ghco.com 703-345-6425	ACA Management Tool Reporting Only Series C distribution and filing.	2015 - 10,446 C; \$30,114 2016 - 8,068 C; \$27,650 2017 - 15,385 C; \$25,463	3 days



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of Administration

DIVISION OF FINANCE
Director's Office

P.O. Box 110204
333 Willoughby Avenue, 10th Floor
Juneau, Alaska 99801
Main: 907.465.2240
Direct: 907.465.5595
Fax: 907.465.2169
www.doa.alaska.gov/dof

September 19, 2018

To Whom it May Concern

Subject: **Letter of Reference**

From the inception of the Affordable Care Act, the State of Alaska has used ACA GPS's (ACA) services to comply with all reporting requirements. This has included filings directly to the IRS as well as mailing all 1095 forms for both active employees and retirees (about 30,000 forms per year).

From the beginning, the ACA staff have been extremely responsive and initiate communication within at least a half hour of the State of Alaska reaching out. During times of turnover, ACA reached out to the State to help train new staff and to get processes in place so that the State of Alaska continued to meet the ACA reporting requirements. They worked closely with the State's programmers to ensure the data that was uploaded to their tool met programming requirements and returned correct information.

After two years of performing the reporting requirements, ACA staff sat down with the State of Alaska and made recommendations for moving forward in subsequent years. One of these recommendations means a price reduction to the company; however, they recognized that something different would meet the State's needs. This speaks to the integrity of the company.

While some states are performing their own reporting requirements, the State of Alaska has a small technical team and performing these tasks would be a burden on staff. Having ACA perform these requirements for the State has allowed the State to focus on other priorities.

If you should have any questions about our positive experiences with ACA, please feel free to contact me at the number above or email katina.holmberg@alaska.gov.

Sincerely,

A handwritten signature in blue ink that reads "Katina Holmberg".

Katina Holmberg, CPA
State Accountant



September 26, 2018

To Whom It May Concern:

I serve in the capacity of Paralegal and Privacy Officer for Employee Benefit Management Services, LLC (EBMS) who is a Third Party Administrator for our Self-funded customers. In my role with EBMS I am responsible for managing 1094/1095 reporting and tracking.

Since 2014, EBMS has used ACA GPS as its 1094/1095 IRS reporting vendor. ACA GPS made 71,498 filings with the Internal Revenue Service in 2015 on behalf of EBMS. Followed by 67, 211 filings in 2016, and 67, 727 filings in 2017. It is my opinion and observation that the work performed by ACA GPS has been exceptional, as the firm delivers on time, with quality customer service and frequently illustrates its market segment expertise and willingness to remain flexible in order to meet and exceed customer needs.

I have no reservation in recommending ACA GPS, as it is my opinion that EBMS could not have a more reliable reporting vendor.

I hope that you will feel free to call upon me should you have further questions related to ACA GPS's qualifications or excellent work product.

Sincerely,

A handwritten signature in blue ink that reads "Brenna Yarina". The signature is fluid and cursive, with a long horizontal stroke at the end.

Brenna Yarina
Paralegal/ Privacy Officer
EBMS
P.O. Box 21367
Billings, MT 59104
(406)245-3575 ext. 1428
byarina@ebms.com



County of Bernalillo
State of New Mexico

Human Resources Department

One Civic Plaza NW, 4th Floor
Albuquerque, New Mexico 87102
Office: (505) 468-1500 Fax: (505) 468-1527
www.bernco.gov

September 21, 2018

Re: Letter of Reference for ACA-GPS, LLC

To Whom It May Concern,

I am pleased to offer you a glowing recommendation for ACA-GPS, LLC. Our experience with ACA-GPS, LLC. has been excellent. They are professional in every aspect of business they conduct with us. If we have any questions, they are quick to respond. Our filings and mail-outs have occurred without an issue for the 3 years we have utilized their services. I include a list of their services and total amount of mail-outs below.

1. Real Time Tracking
2. Real Time Analysis
3. Affordability, Eligibility, Offers, etc
4. PDF copies of 1095's
5. E-Filing
6. Print/Pack/Mail 1095's

Total Mailed By Year: 2015 2,657
2016 2,681
2017 2,704

If you have questions or need additional information, please contact me at your convenience.

Regards,

Chuck Griffith
Benefits Manager
Bernalillo County Human Resources Department
One Civic Plaza, NW Room 4006
Albuquerque, NM 87102
(505) 468-1506
cgriffith@bernco.gov

COMMISSIONERS

Steven Michael Quezada, Chair, District 2 *Lonnie C. Talbert, Vice Chair, District 4*
Debbie O'Malley, Member, District 1 *Maggie Hart Stebbins, Member, District 3* *James E. Smith, Member, District 5*

ELECTED OFFICIALS

Tanya R. Giddings, Assessor *Linda Stover, Clerk* *Willow Misty Parks, Probate Judge* *Manuel Gonzales III, Sheriff* *Nancy M. Bearce, Treasurer*

COUNTY MANAGER

Julie Morgas Baca



107 Pilgrim Village Drive
Suite #100
Cumming, GA 30040

Equal Employment Opportunity – ACA GPS, LLC

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at ACA GPS will be based on merit, qualifications, and abilities. ACA GPS is an equal employment opportunity employer and does not discriminate against any person because of race, color, creed, religion, sex, national origin, disability, age, genetic information, or any other characteristic protected by law (referred to as "protected status"). This nondiscrimination policy extends to all terms, conditions and privileges of employment as well as the use of all company facilities, participation in all company- sponsored activities, and all employment actions such as promotions, compensation, benefits and termination of employment.

ACA GPS will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship. This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.

Any employees with questions or concerns about any type of discrimination in the workplace are encouraged to bring these issues to the attention of their immediate supervisor, or senior management, at ACA GPS. Employees can raise concerns and make reports without fear of reprisal. Anyone found to be engaging in any type of unlawful discrimination will be subject to disciplinary action, up to and including termination of employment.

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: YES NO **Contractor for which this is a subcontractor:** _____

N/A
Estimated dollar amount of subcontract: _____

IS THIS FOR:

Goods? Services Both?

TAXPAYER ID NAME: 47-2034019 - ACA GPS, LLC

YOUR LAST NAME: Catalano **FIRST NAME:** Marc

MI: L

ADDRESS: 107 Pilgrim Village Drive, Suite 100

CITY: Cumming **STATE:** GA **ZIP CODE:** 33040

COUNTRY: UNITED STATES OF AMERICA

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: **Member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:**

Position Held	Mark (✓)		Name of Position of Job Held (senator, representative, name of board/commission, data entry, etc.)	For How Long?		What is the person(s) name and how are they related to you? (i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.)	Person's name(s)	Relation
	Current	Former		From MM/YY	To MM/YY			
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>						
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>						
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>						
State Employee	<input type="checkbox"/>	<input type="checkbox"/>						

None of the above applies

FOR A VENDOR (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held (senator, representative, name of board/commission, data entry, etc.)	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	Person's name(s)	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY				
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>							
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>							
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>							
State Employee	<input type="checkbox"/>	<input type="checkbox"/>							

None of the above applies

* NOTE: PLEASE LIST ADDITIONAL DISCLOSURES ON SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM F-2

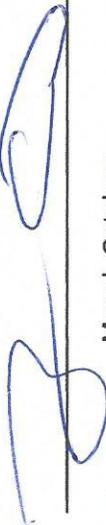
Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature  **Title** President & CEO **Date** 9/18/2018
Vendor Contact Person Marc L Catalano **Title** President & CEO **Phone No.** 470 239-5524

AGENCY USE ONLY

Agency Number 0710 **Agency Name** Department of Human Services **Agency Contact Person** **Contact Phone No.** **Contract or Grant No.**

No Sanctions or Corrective Action Certification

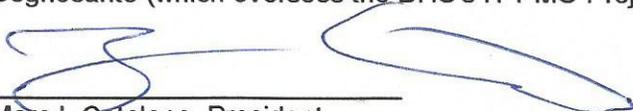
I hereby certify that ACA GPS and all of its officers and employees have not received any sanctions or corrective actions by a state or Federal government within the last ten (10) years.



Marc L Catalano, President
09/13/2018

No Conflict of Interest Certification

As President of ACA GPS, LLC, I hereby certify that I have read the Organizational or Personal Conflict of Interest Clause and that there are no actual, apparent, or potential conflicts of interest with the current DHS Vendors with which ACA GPS will be working: Optum (which operates the Decision Support System and Services (DSS) Lab), DXC/DXC Technology (which acts as Arkansas Medicaid's Fiscal Agent, operates the Medicaid Management Information System and provides the 1095-B call center), and Cognosante (which oversees the DHS's IT PMO Project Oversight and Coordination functions).



Marc L Catalano, President
09/13/2018

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: YES NO

SUBCONTRACTOR NAME: Brandywine Printing, Inc.

Contractor for which this is a subcontractor: ACA GPS, LLC

Estimated dollar amount of subcontract: 526,000

IS THIS FOR:

Goods? Services Both?

TAXPAYER ID NAME: 58-2338686 - Brandywine Printing, Inc.

YOUR LAST NAME: Brooks **FIRST NAME:** Derek **MI:** E

ADDRESS: 5249 Shiloh Road

CITY: Cumming **STATE:** GA **ZIP CODE:** 30040 **COUNTRY:** UNITED STATES OF AMERICA

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: Member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held (senator, representative, name of board/commission, data entry, etc.)	For How Long?		What is the person(s) name and how are they related to you? (i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.)	Person's name(s)	Relation
	Current	Former		From MM/YY	To MM/YY			
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>						
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>						
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>						
State Employee	<input type="checkbox"/>	<input type="checkbox"/>						

None of the above applies

FOR A VENDOR (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held (senator, representative, name of board/commission, data entry, etc.)	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	Person's name(s)	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY				
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>							
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>							
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>							
State Employee	<input type="checkbox"/>	<input type="checkbox"/>							

None of the above applies

* NOTE: PLEASE LIST ADDITIONAL DISCLOSURES ON SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM F-2

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature  Title GM Date 09/18/2018

Vendor Contact Person Derek E Brooks Title GM Phone No. 770 772-6136

AGENCY USE ONLY

Agency Number 0710 Department of Human Services Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____

No Conflict of Interest Certification

As President of Brandywine Printing, Inc., I hereby certify that I have read the Organizational or Personal Conflict of Interest Clause and that there are no actual, apparent, or potential conflicts of interest with the current DHS Vendors with which Brandywine Printing, Inc. will be working: Optum (which operates the Decision Support System and Services (DSS) Lab), DXC/DXC Technology (which acts as Arkansas Medicaid's Fiscal Agent, operates the Medicaid Management Information System and provides the 1095-B call center), and Cognosante (which oversees the DHS's IT PMO Project Oversight and Coordination functions).



Derek Edward Brooks, GM

09/18/2018



BRUNSWICK
COMPANIES

Managing Risk · Insuring Success · Since 1972

October 1, 2018

ACA GPS, LLC
107 Pilgrim Village Drive, Suite 100
Cumming, GA 30040
Attn: Marc L. Catalano

Re: Bid No. 710-19-1003 – Production, Printing and Mailing of Tax Forms 1095-B and 1094-B
Letter of Bondability

Dear Marc,

Please be advised that ACA GPS, LLC has been approved by Philadelphia Insurance Company for the above captioned project. Should ACA GPS, LLC be awarded the contract with terms acceptable to ACA GPS, LLC and Philadelphia Insurance Company, bonds in the amount of 100% of the contract price will be issued on our annually renewing bond forms.

Should you have any questions or comments please feel free to contact me at 330-865-4265.

Regards,

Mark Levinson
Sr. VP Brunswick Companies
Attorney-in-Fact, Philadelphia Insurance Company

OFFICIAL BID PRICE SHEET

Prices **must** include all costs for performing the requirements stated in the Scope of Work, which includes all reporting to DHS. This also include all costs that are associated with the production, printing and mailing of all tax forms and any other associated documents that may be required to implement this process. All fees for the requested services **must** be disclosed in your response.

Pricing Table 1

DESCRIPTION	ESTIMATED QUANTITY	UNIT PRICE	EXTENDED AMOUNT
I. Initial Mailings to Recipients NOTE: The Initial Mailing function will occur in January of the respective tax filing year.			
Creation of mail piece (envelope, cover-letter, 1095-B Form)	1,176,288 (annually)	\$0.50	\$ 588,144
II. Corrected Mailings to Recipients NOTE: The Corrected Mailing function will be spread across the subsequent months, with the numbers varying.			
Creation of mail piece (envelope, cover letter, 1095-B Form)	327,894 (annually)	\$ 0.00	\$ Included
III. Mailing/Delivery to USPS Facility NOTE: Price must be inclusive of LACSLink, DSF/DFS2 and NCOALink services			
First Class Mail Postage	1,504,182 (annually)	\$ 1.30	\$ 1,955,436.60
IV. IRS Submissions/Transmissions NOTE: The initial IRS filing will occur in February of the respective tax filing year, and will include approximately 45 of the 100 filings.			
All submissions/transmission to the IRS on behalf of DHS (IRS Form 1094-B); Interface with IRS AIRS (Initial and Corrected filings); and UAT and sign-off.	100 (annually)	\$ 0.00	\$ Included
TOTAL			\$ 2,543,580.60

The above quantities are estimates only and are subject to fluctuation. Estimated volume is intended to serve as a guide only and not a guarantee of minimum or maximum activity.

Pricing Table 2

ITEM	DESCRIPTION	ESTIMATED QUANTITY	UNIT PRICE	EXTENDED AMOUNT
1.	Portal Creation One-Time Cost (Includes: UAT and sign-off, as well as; set-up, testing, training, deployment, and support)	Portal Creation UAT Training Deployment Support	\$ 0 \$ 0 \$ 5,000 \$ 0 \$ 5,000	\$10,000.00
2.	Portal Maintenance (Monthly fee which requires reporting to DHS)	12 (months)	\$400.00/month	\$4,800.00
TOTAL				\$14,800.00



Price Justification BID 1 – ACA GPS

Pricing Table 1

- I. Creation of mail piece (envelope, cover letter, 1095-B Form) – Preparation of the original 1095-B forms, cover letter, and envelope requirements (as specified in IFB) are processed at .50 per form. This BID presumes that the state or state agency has executed a Computer Matching Agreement (CMA) and an Information Exchange Agreement (IEA/F) with the Social Security Administration (SSA) that will allow ACA GPS to access the SSA database at no additional charge.
- II. Corrected Mailings – Preparation of the corrected 1095-B forms are processed at no additional cost.
- III. Mailing/Delivery to USPS Facility – Printing, folding, stuffing, sorting, First Class postage, and delivery to USPS is \$1.30 per form.
- IV. IRS Submissions/Transmissions – Electronic (AIR) submissions and error returns are processed at no additional cost.

Pricing Table 2

1. Portal Creation
 - a. ACA-Tool is a subscription-based product, enhancements to meet the requirements will be performed at no cost.
 - b. Testing by ACA-GPS and the client to meet the requirements will be performed at no cost.
 - c. Online training with the respective user groups will be \$5000.
 - d. Deployment to a dedicated set of ACA-GPS servers will be performed at no cost.
 - e. Initial user setup support will be \$5000.
2. Portal Maintenance – Continued support, electronic reports, and dedicated servers will be \$400 per month.