Attachment B
Client History Form
Incident Management System
710-26-010

Attachment B

Incident Management System

Instructions: This form is intended to help the State gain a more complete understanding of each Respondent's experience. This form **must** be fully and accurately completed.

The State reserves the right to verify the accuracy of these answers by contacting any of the listed clients, and all applicable clients **must** be listed. Omission of a client will constitute a failure to complete this form.

For purposes of this form, the "client" is not an individual but the entity which held the contract. By way of explanation, in the Contract resulting from this IFB, Arkansas DHS will be the client. For each listed client, Respondents may (but are not required to) provide the contact information for a person at the client entity who is knowledgeable of the named project. If the State contacts clients listed on this form, the State reserves the right to contact the listed individual or another person at the listed client.

The boxes below each prompt will expand if necessary. The form **must** be signed (please see the final page) by the same signatory who signed the *Response Signature Page*.

1. Please list clients (federal, district, state, county, American territory, tribe, or Canadian province) for whom **you** (the prime contractor only) **served as the prime contractor** and have at least three (3) years of experience with data migration from other incident management applications into your software application and experience with direct integration within an EHR vendor. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope and duration of the contract including the percentage of data transferred successfully and an overview of the conversion methodology. If there are no contracts which meet this definition, please state "none."

2. Please list clients (federal, district, state, county, American territory, tribe, or Canadian province) for whom the **subcontractor(s) served as the prime contractor** and have at least three (3) years of experience with data migration from other incident management applications into your software application and experience with direct integration within an EHR vendor. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope and duration of the contract including the percentage of data transferred successfully and an overview of the conversion methodology. If there are no contracts which meet this definition, please state "none."

Authorized Signature: _____ **Title:** _____

Printed/Typed Name: _____ **Date:** _____