EVALUATION SCORE SHEET
DHHS91155

Offeror Name:			
Evaluator Name:		Evaluation Date:	
INSTRUCTIONS: Indicate if Vendor submitted the following by checking Pass, Fail or N/A.		PASS	FAIL
1. A completed **Form #1 - DHHS Data Sheet**			
2. A completed and signed **Form #2 - Conflict of Interest Disclosure Statement**			
3. A completed and recently signed (within the last 6 months) **Form #3 – W-9**			
4. A completed **Form #4 – Business Associate Agreement**			
5. Completed **Form #5 – Medicaid Enrollment Documentation**			
6. **Verification of active Business Entity Registration** (in good standing) with the Utah Department of Commerce, Division of Corporations and Commercial Code			
7. An organization chart that includes the names and titles of Vendor's assigned to provide the following services pursuant to this solicitation: a. Staff assigned to provide payroll services to SAS employers; b. CPA(s) assigned to provide services; c. Staff assigned to provide criminal background checks			
8. For each CPA assigned to provide services, a copy of the person's current CPA license.			
9. A statement demonstrating at least 5 years of CPA experience. The statement must include employer name(s) and date(s) as well as a summary of professional duties.			
10. A Utah-based accounting and customer service physical office.			

EVALUATOR COMMENTS: