

Attachment H

Client History Form

RFP # 710-22-0034

Client History Form

Instructions: This form is intended to help the State gain a full understanding of each Respondent's portal system services and experiences. This form **must** be accurately completed and signed by the same signatory who signed the Proposal Signature Page (please see final page below).

The State reserves the right to verify the accuracy of responses by contacting any of the listed clients; therefore, all applicable clients **must** be listed. 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 RFP, Arkansas's DHS will be the client. For each listed client, Respondents **must** include the client entity's name, address, and phone. Additionally, Respondents are encouraged to provide an individual's contact information for a person at the client entity who is knowledgeable of the named project. If the State contacts the clients listed, the State reserves the right to either contact the listed individual and/or another person at the client entity. Omission of a client will constitute a failure of form completion.

The boxes below each prompt will expand if necessary. If there are no contracts which meet the definition, Respondent **must** state "none."

1. Please list every client where you (the prime contractor only) served as the ***prime contractor*** to host and operate an analytic engine software-based service portal in the past seven (7) years. Briefly describe the scope of the contract.

2. Please list every client where you (the prime contractor only) served as the ***prime contractor*** to host and operate an analytic engine software-based service portal similar in size, complexity, and scope of this RFP with successful implementations in the past seven (7) years. Briefly describe the scope of the contract.

3. Please list every client where you (the prime contractor) served as the **prime contractor** for a contract to host and operate an analytic engine software-based service portal for a state public health agency serving a population of one million plus, in the past seven (7) years. Briefly describe the scope of the contract.

4. Please list every client where you (the prime contractor only) served as the **prime contractor** to host and operate an analytic engine software-based service portal where you had to comply with privacy standards (such as HIPAA) in the past seven (7) years. Briefly describe the scope of the contract and compliance requirements of the privacy standards.

Authorized Signature: _____ **Title:** _____
(Use Ink Only)

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