

**CNC-P PROPOSAL CERTIFICATION STATEMENT**  
**RFP # 305PUR-DHHRFP-CCN-P-MVA**

The undersigned hereby acknowledges she/he has read and understands all requirements and specifications of the Request for Proposals (RFP), including appendices and attachments.

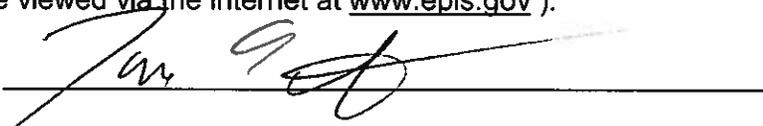
**OFFICIAL CONTACT:** DHH requests that the Proposer designate one person to receive all documents and the method in which the documents are best delivered. Identify the Contact name and fill in the information below: (Type or Print Clearly)

Date	June 30, 2011
Official Contact Name	Jamie Schlottman
Email Address	jschlottman@centene.com
Fax Number with Area Code	225-381-0163
Telephone Number	225-361-1713
Street Address	543 Spanish Town Road
City, State, and Zip	Baton Rouge, Louisiana 70802

Proposer certifies that the above information is true and grants permission to DHH to contact the above named person or otherwise verify the information I have provided.

By its submission of this proposal and authorized signature below, proposer certifies that:

1. The information contained in its response to this RFP is accurate;
2. Proposer accepts the procedures, evaluation criteria, contract terms and conditions, and all other administrative requirements set forth in this RFP;
3. Proposer accepts the procedures, evaluation criteria, mandatory contract terms and conditions, and all other administrative requirements set forth in this RFP;
4. Proposer's quote is valid for at least 120 days from the date of proposal's signature below;
5. Proposer understands that if selected as the successful Proposer, he/she will have seven (7) business days from the date of delivery of initial contract in which to complete contract negotiations, if any, and execute the final contract document. DHH has the option to waive this deadline if actions or inactions by the Department cause the delay.
6. Proposer certifies, by signing and submitting a proposal for \$25,000 or more, that their company, any subcontractors, or principals are not suspended or debarred by the General Services Administration (GSA) in accordance with the requirements in OMB Circular A-133. (A list of parties who have been suspended or debarred can be viewed via the internet at [www.epls.gov](http://www.epls.gov) ).

Authorized Signature: 

Typed or Printed Name: Jamie Schlottman

Title: Chief Executive Officer and Plan President, Louisiana Healthcare Connections, Inc.

Company Name: Louisiana Healthcare Connections, Inc.