

Request for Bids

Evaluator for Community-based Health Initiatives (CHI)

Beth Israel Lahey Health

Introduction

Beth Israel Lahey Health (BILH) brings together an exceptional array of clinical organizations spanning the full continuum of health care delivery – academic and teaching hospitals, community hospitals, ambulatory and urgent care centers, behavioral health programs, and home care – in a shared mission to expand access to great care and advance the science and practice of medicine through groundbreaking research and education.

Beth Israel Lahey Health (BILH) invites Massachusetts vendors to respond to a Request for Bids (RFB) for the provision of an Evaluator for its Community Based Health Initiatives (CHIs).

BILH is committed to its **WE CARE** Values:

Wellbeing. We provide a health-focused workplace and support a healthy work-life balance.

Empathy. We do our best to understand others' feelings, needs and perspectives.

Collaboration. We work together to achieve extraordinary results.

Accountability. We hold ourselves and each other to behaviors necessary to achieve our collective goals.

Respect. We value diversity and treat all members of our community with dignity and inclusiveness.

Equity. Everyone has the opportunity to attain their full potential in our workplace and through the care we provide.

To fulfill Massachusetts Department of Public Health (MDPH) Determination of Need requirements, BILH will contract with a vendor to evaluate CHI investments in Beth Israel Deaconess Plymouth (BID Plymouth) and Beth Israel Deaconess Milton (BID Milton) Hospitals' Community Benefits Service Areas (CBSAs).

The vendor (individual or agency) will work with BILH Community Benefits Staff and selected Grantees to:

1. Provide evaluation, capacity building, and technical assistance to up to 15 Grantees for the CHI term which is estimated to be September 2025 – September 2030.
2. Provide BILH Community Benefits Staff with documentation of investment impact and funded program effectiveness.

The award will not exceed \$550,000.

Overview

BILH is seeking a vendor to serve as an Evaluator for its multi-year, multi-faceted Community-based Health Initiatives (CHIs) for BID Plymouth and BID Milton that will occur in two phases.

- Phase 1: Support up to 5 Grantees for the CHI in the BID Plymouth Community Benefits Service Area (CBSA) starting in mid-September 2025.
- Phase 2: Support for up to 10 Grantees for the CHI in the BID Plymouth and BID Milton CBSAs starting in Summer 2026.

Phase 1:

Between 2025 and 2028, BID Plymouth will invest a total of \$2,179,862 through its CHI, with these efforts focusing on upstream activities to address social determinants of health—conditions in which people are born, grow, live, work, and play.

After a robust and transparent community engagement effort that drew upon information collected from secondary data and community surveys, interviews, focus groups and listening sessions as part of the [2022 BID Plymouth Community Health Needs Assessment](#) and [FY 23-FY25 Implementation Strategy \(IS\)](#), the BID Plymouth Community Benefits Advisory Committee (CBAC) voted to allocate CHI funds through a competitive Request for Proposals (RFP) process to address mental health and substance use and a direct investment to a local housing initiative. Both efforts seek to positively impact the social determinants of health. The vendor will support Grantees selected through the competitive RFP process.

This CHI investment will be guided by a transparent local grant making process that maximizes community engagement, adherence to the key health priorities and focus areas of concern to the BID Plymouth CBSA communities, and achievement of evidence-informed outcomes. The CHI investment will be consistent with and meet all requirements of:

- The MDPH DoN processes and requirements,
- BID Plymouth 2022 CHNA and 2022-2025 Implementation Strategies,
- CBAC guidance,
- Allocation Committee guidance.

Phase 2:

Pending MDPH Public Health Council approval, BID Plymouth and BID Milton will invest CHI funding as part of a Tier 3 DoN, following a process similar to that described above for Phase 1. The projected grant timelines are expected to be:

- Summer/Fall 2025, BID Plymouth and BID Milton CBACs determine focus areas and strategies to be funded along with the allocation amounts and methodologies
- Winter 2026, Requests for Proposals released
- Spring 2026, Allocation Committees select Grantees
- Summer 2026, Grant Awards issued

- Fall 2026, Grants begin

Evaluation Objectives

BILH will contract with a vendor selected through a competitive Request for Bids process to conduct an independent and rigorous evaluation of up to 15 Grantee programs selected via competitive RFP or direct allocation through each hospital's grantmaking process. Effort will be made to select a qualified vendor who is either located in BID Plymouth and/or BID Milton's CBSA or who can show demonstrated working knowledge of municipalities and priority cohorts in one or both of the CBSAs. The vendor will conduct rigorous evaluation to measure the impact of awarded funds as defined in the CHI RFP process and will provide capacity building and technical assistance to Grantee organizations during the full grant period. Within 3 months following the end of each grant period, the vendor will aggregate and finalize reports on the impact of funding.

Scope of Work

The vendor will be responsible for working with each Grantee and BILH Community Benefits Staff in the design, implementation, and oversight of the CHI grant program evaluation plans and providing ongoing capacity building and technical assistance to the selected Grantees during the grant period. Evaluation and technical assistance consultation should include, but is not limited to:

1. Develop and implement a comprehensive and rigorous program evaluation design and plan
 - a. In collaboration with BILH Community Benefits Staff and community organizations selected via the CHI RFP processes, develop learning and evaluation plans for each Grantee, guided by the goals and metrics outlined in their contracts.
 - b. Support Grantees in the selection and/or design of data collection tools for to measure and report on process, impact, and outcome evaluation metrics, including development of a theory of change/logic model. Evaluation metrics must address the criteria for implemented strategies as outlined in the [MDPH Determination of Need Health Priorities Guidelines](#). Monitor grantees and report on progress and areas of opportunity for funded programs on an ongoing basis to BILH Community Benefits Staff. Review Grantee mid-year and annual progress reports and develop and implement clearly defined workplans to remediate unmet program goals and report these plans to BILH Community Benefits Staff.
2. Document and evaluate the process of grant implementation
 - a. Conduct regular technical assistance meetings to facilitate ongoing improvement of grant programs with Grantees and BILH Community Benefits Staff.
 - b. Assist Grantees with required reporting into the BILH Community Benefits Database for mid-year reports, annual reports, and a final end-of-CHI report, as applicable.
3. Develop and implement strategies to build the evaluation capacity of Grantees

- a. Assess existing evaluation capacity of Grantees, develop evaluation learning plans and facilitate one-on-one or group sessions to further enhance evaluation capacity of Grantees, as appropriate/requested.
4. Develop and provide summary evaluation process, outcome and impact reporting and documentation at key points in the grant making cycle
 - a. Engage in ongoing communication with BILH Community Benefits Staff for smooth and systematic Grantee evaluation management on a routine, scheduled basis.
 - b. Collaborate with BILH Community Benefits Staff to develop and implement a reporting deliverables timeline that meets the needs of BID Milton and BID Plymouth and the MDPH DoN requirements and other key stakeholders.
 - c. Develop visually appealing evaluation summaries/ reports for each CHI to showcase the impact of community investments. These should include, but are not limited to, brief annual and end-of-CHI written reports and PowerPoint presentations for CBACs and BILH Leadership.

Evaluation Engagement and Funding Period

The total period for evaluation and funding is expected to be September 2025 - September 2030.

Eligibility and Selection Criteria

Evaluator vendors will be experienced with multi-faceted community interventions ideally in the BID Milton and BID Plymouth Community Benefits Service Areas, and meet the criteria, scope of services, and requirements as laid out in this RFB. BILH seeks an Evaluator that is well organized, systematic and highly responsive and is a flexible and innovative evaluation partner that can adapt their approach to meet emerging needs. Regular availability for in-person and video conference meetings is expected. Greater frequency of meetings and consultation is anticipated at high points of evaluation activity. Evaluator bid submission criteria are weighted with point values that total 100 points.

1. (30 points) A demonstrated and solid record in designing, managing, and evaluating community-based funding strategies, with expertise in establishing outcomes measures and with assessing and reporting on the impact of locally funded projects on community health and achieving health priorities. Demonstrated relevant and recent experience (within past three years) in evaluation including:
 - a. The capacity and skills to provide primary direction and oversight to evaluation processes for an innovative, multi-year intervention. It is expected the vendor dedicated to this project will have a high level of demonstrated expertise with similar projects.
 - b. Process and outcome evaluation of evidence-informed community-based health efforts, with emphasis on the impact of the funded strategies.
 - c. Designing and implementing easy-to-use tools for data collection.
 - d. Quantitative and qualitative data analysis., including data aggregation inclusive of impact for each and across Grantees.

- e. Creating visually appealing summaries of the process and outcomes of community-based projects, including brief written reports, one-page summaries and PowerPoint slides.
2. (25 points) Demonstrated knowledge of Massachusetts DoN CHI regulations as specified in this RFB, as well as the [Massachusetts DPH continuum of community engagement in local initiatives](#). Experience using frameworks and tools to build organizational evaluation capacity, enhance community engagement, and advance community health.
 - a. Facilitation of group processes to work towards a common, collective goal and implementing strategies to build evaluation capacity of staff and volunteers in community-based organizations.
 3. (25 points) Demonstrated understanding of a multitude of stakeholders with varied backgrounds reflecting different lived experiences, including BID Plymouth and BID Milton priority cohorts as well as an understanding of the complexities and interrelationships incumbent in improving community health status.
 - a. Relevant and recent experience with community health programmatic and policy evaluation.
 - b. Understanding of the upstream causes of social determinants of health (SDoH) and how SDoH impact community health.
 - c. Ability to work collaboratively and effectively with hospital staff, committee members, community members/partners, public health agencies, and non-profit organizations.
 - d. Familiarity with/resides within the BID Plymouth and/or BID Milton CBSAs.
 4. (10 points) Locally-based, small business vendors with demonstrated understanding of the communities served by Beth Israel Lahey Health.
 5. (10 points) Proposal cost is competitive.

Subcontracting and Local Partnerships

The RFB will be awarded for the full scope of work. A full scope of work bid covers the entire project. Full scope bids may be submitted by a single vendor or two or more independent local vendors working as partners. BILH encourages collaboration among independent local vendors who may not have the capacity to provide the full scope of work and are willing to partner in order to perform specific tasks required to complete the scope requirements.

To encourage collaboration, the RFB explicitly allows and supports bidders to form partnerships to meet the scope of work. BILH may also share the names of interested bidders to facilitate potential teaming opportunities.

Local, small business are strongly encouraged to apply. In alignment with our commitment to inclusive economic participation, proposals that include favorable payment terms or other strategies to help

smaller or local vendors build capacity to perform on contracts of this size are welcomed and encouraged.

Insurance Requirements

Contracted vendor will be expected to, at its own expense, carry and maintain (itself or through an affiliate for its benefit) the following insurance coverage:

- (i) Workers Compensation in compliance with statutory limits,
- (ii) Employers Liability (“EL”) with limits of not less than \$500,000
- (iii) Commercial General Liability (“CGL”) with limits of not less than \$1,000,000 per occurrence and aggregate for bodily injury, personal injury and property damage,
- (iv) Umbrella Liability excess of CGL and EL on an occurrence form with limits of not less than \$2,000,000 per occurrence,
- (v) Professional Liability (Errors & Omissions) coverage including cyber liability and privacy breach with limits of not less than \$3,000,000 aggregate.

All required insurance policies or bonds must be issued by insurance companies with an A.M. Best Rating of not less than A-. BILH shall be named as an additional insured party under the CGL insurance policy.

Timeline and Submission Details

Deadlines subject to change pending MDPH approval.

Date	Submission Requirement
06/10/25-06/19/25	Q&A period. Email questions to Leighanne.Taylor@bilh.org
06/17/25 5pm	Deadline to be added to Prospective Vendor Partnership list
06/18/25 5pm	Prospective Vendor Partnership list shared with those who provided their information
06/20/25	FAQs posted to BILH Community Grants page
07/14/25 by 5pm	Bids due to BILH email LeighAnne.Taylor@bilh.org
08/07/25	Finalists notified
08/18/25-08/20/25	Finalists provide Best and Final Presentations to Review Committee
08/22/25	Selected vendor notified
09/18/25	Work Commences

Proposal Requirements

Proposals should be no more than 15 pages with the body of the proposal being 5 pages and appendices limited to no more than an additional 10 pages. Proposals should be single spaced using one-inch margins and Times New Roman 12-point font. Proposal pages more than these limits will be considered unresponsive and will not be reviewed. Attachments A, B, C, and D are not included in the page count, but must be submitted with the proposal.

Proposals must include the following details:

Body of Proposal:

- Contact information: name, title, email address and phone number of contact person for proposal. Include organizational website address.
- An evaluation project plan and timeline that details the tasks and activity for the evaluation of Grantees as outlined in the scope of work.
- A technical assistance project plan and timeline that details the tasks and activities for ongoing support of Grantees' evaluation capacity.
- A consultancy project plan that details timeline and deliverables for providing ongoing status updates, mid-year and annual progress reports and end-of-CHI reports to BILH Community Benefits staff regarding evaluation and technical assistance project plans.
- Description of experience relevant to this project as outlined in "eligibility requirements" above, specifically highlighting past and current involvement with local community organizations within BID Plymouth and BID Milton CBSAs.
- An itemized budget for the project including an accompanying budget narrative. Budget should include personnel costs, materials, travel and any indirect costs. Indirect percentage not to exceed 15%.
- Summary background, qualifications, and responsibilities of key team members who will be working on the project, including their specific role, and time allocation and experience working in the CBSAs.
- Contact details of 2-3 professional references/past clients who can thoroughly describe recent experience with similar projects and processes.

Ensure proposal, at a minimum, must speak to the following inventory of deliverables:

Area of focus	Deliverable
Technical Assistance	Evaluation plans and tools for tracking grant progress
	Meeting schedule to maintain Grantee relationships
	Remediation plans for Grantees not meeting goals
	Support for mid-year and annual data reporting into the BILH Community Benefits Database
Capacity building	Initial assessment of evaluation knowledge and capacity for all Grantees
	Plans to facilitate enhanced evaluation capacity for Grantees
Collateral development	Visually appealing annual and end-of-CHI reports, as well as PowerPoint presentation slide(s) to showcase the impact of community investments
BILH report backs	Meeting schedule for continuous updates on Grantee progress
	Mechanism to report and share remediation plans for Grantees who are not meeting goals

Appendices and Attachments:

- A sample of work done that demonstrates tasks and activities taken in an evaluation project as outlined in the scope of work.
- Resume of lead team member to be included in an appendix and to include education, experience and project relevant publications; presentations. 1-2 paragraph professional summary of other team members. The resume and professional summaries will count in the page limit.
- W9
- Proof of Liability Insurance
- *Confidentiality Affidavit (Attachment A), return signed.*
- *Self Disclosure Form (Attachment B), return signed.*
- *BILH Supplier Information Form (Attachment C), return signed.*
- *BILH Vendor Add Request Form (VARF) (Attachment D), return signed.*

Proposals should be submitted by 5pm ET on Monday, July 14, 2025 to Leighanne.Taylor@bilh.org. Subject line should indicate "RFB – CHI Evaluation - [Vendor Name]."

For questions or further information, please contact:

LeighAnne Taylor, BILH Manager, Community Benefits & Community Relations
Leighanne.taylor@bilh.org
865-679-9227

All questions are due by 10am on Thursday, June 19, 2025.

Answers will be posted on the [BILH Community Grants](#) page on Friday, June 20, 2025.

CONFIDENTIALITY AFFIDAVIT

All materials contained in this Request for Bids (“the RFB”) and related information is confidential. The Supplier shall agree to keep the contents of the RFB and subsequent materials confidential. Such information may be disclosed to Supplier’s officers, and employees in connection with the completion of the RFB. The Supplier agrees that by accepting this RFB, that it will keep all such materials and information confidential.

The undersigned further certifies under the penalties of perjury that this proposal is in all respects bona fide, fair, and made without collusion or fraud with any other person. The word “person” shall mean any natural person, joint venture, partnership, corporation, or other business or legal entity. A signed and notarized Confidentiality Affidavit is submitted herewith. The undersigned is authorized by the Supplier to bind the Supplier to its Response.

Signature block:

Signed: _____ Date: _____

Name: _____

Title: _____

Company: _____

Project: _____

SELF-DISCLOSURE FORM: PRE-EXISTING RELATIONSHIPS

As part of this RFB we require that suppliers are required to identify Beth Israel Lahey Health ("BILH") Center employees and Medical Staff who are participating in the discussions and/or negotiations and who also have financial interests in, or other relationships with the supplier. In accordance with this requirement, please complete this form as indicated below.

☐ My company has no financial interest in, or other relationship(s) with, any of the listed entities above employee(s), Medical Staff and/or department/service involved in this project.

☐ My company has the following financial interest in, or other relationship(s) with, the named listed entities above employee(s), Medical Staff and/or department/service involved in this project (please provide this information in the box provided, or attach any relevant document):

A supplier's failure to disclose in accordance with this policy may result in disqualification of the supplier during discussions and/or negotiations, and following the execution of any contract and for the contract term, will be considered a breach of contract and possible cause for termination.

By signing below, Supplier indicates an understanding, acceptance and support of this policy.

Signature block:

Signed: _____ Date: _____

Name: _____

Title: _____

Company: _____

Project: _____



BILH Supplier Information Form

Check one: ☐ New ☐ Change ☐ Deactivate

Dear Supplier:

This document contains information required by Beth Israel Lahey Health (BILH) to validate and set up your business in our system. Please review and complete all questions, then sign and return the form with a copy of your W-9/W-8 to the BILH representative engaging the purchase of your products or services.

Vendor Name: _____ dba (if app.) _____	
Tax Identification Number or Social Security Number: _____	
Federal Tax Classification:	<input type="checkbox"/> Corp <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Prop <input type="checkbox"/> Other _____

Corporate Address:			
City: _____	State: _____	Country: _____	Zip/postal: _____
Phone: _____	Fax: _____	Contact: _____	E-Mail: _____
Ordering Address:			
City: _____	State: _____	Country: _____	Zip/postal: _____
Phone: _____	Fax: _____	Contact: _____	E-Mail: _____
Remittance Address:			
City: _____	State: _____	Country: _____	Zip/postal: _____
Phone: _____	Fax: _____	Contact: _____	E-Mail: _____

Supplier ACH/EFT information for CTX820FED transmission of payment	
BILH's preferred payment method is through ACH. By completing this section of the form, you are acknowledging that payments will be sent to your organization through electronic means to the designated account below.	
Financial Institution Name: _____	
Routing/ABA Number: _____	Account #: _____
Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____
Email Notifications to be sent to: _____	

Type of Business (check all that apply and provide supporting back up if applicable):

<input type="checkbox"/> Government	<input type="checkbox"/> Minority	<input type="checkbox"/> Small Business	<input type="checkbox"/> Med Services	<input type="checkbox"/> Women Owned
<input type="checkbox"/> Disadvantageded	<input type="checkbox"/> Attorney	<input type="checkbox"/> Public Utility	<input type="checkbox"/> Ind Contractor	<input type="checkbox"/> Rent
<input type="checkbox"/> Research Subject	<input type="checkbox"/> Honorarium	<input type="checkbox"/> Retiree Ins	<input type="checkbox"/> Insurance	<input type="checkbox"/> Claim Settlement
<input type="checkbox"/> Petty Cash	<input type="checkbox"/> Sakon	<input type="checkbox"/> Patient Relations	<input type="checkbox"/> Veteran Owned	<input type="checkbox"/> Service Disabled Veteran

If the organization is a Sole Proprietor, is the owner a foreign national?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the services that your company provides available to the general public on a regular and consistent basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your organization advertise and/or maintain a public business listing/website?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes: All pharmaceutical, medical device and equipment representatives needing on site access to any of the BILH facilities must first complete an on line registration which is managed by Symplr. Please access through symplr.com.

SUPPLIER AUTHORIZATION	
By signing this form, you are certifying that the information in this document is true and accurate to the best of your knowledge.	
Authorized by (Signature): _____	Date: _____
Authorized By (Printed): _____	Title: _____
Phone: _____	Fax: _____ Email: _____

Procurement Use Only:

Contracting Approval: _____ Date: _____

Supplier ID: _____

BILH VENDOR ADD REQUEST FORM (VARF)

BILH Manager: _____

PRIOR TO ENGAGING the services of any individual or business that is not already approved within our Workday system; **this completed VARF form, the supplier's W-9 (or W-8 if applicable) and the BILH Supplier Information form MUST** be submitted concurrently by e-mail to: **bilh-vmf@bilh.org** for review, approval and potential entry to the supplier database. This process may take up to 48 business hours. If the supplier is added, the requestor will be notified by e-mail.

Legal Considerations:

IRS regulations restrict the issuance of 1099's to non-employees. Therefore, any stipends, fees for services above standard salary arrangements, bonuses, etc. for an employee of BILH would be handled through **Payroll** to ensure that the appropriate income calculations and taxation occurs for reporting on a W-2.

There may be situations where an individual cannot be classified as an independent contractor (IC) and will need to be classified as a temporary employee. Generally speaking, an IC retains control over their schedule, performance, hours and jobs accepted; whereas an employee works a required schedule and whose performance is directly managed by the employer.

Requested By: _____ Date: _____

BILH Division and Department: _____

Phone/E-Mail: _____

Vendor Name as appears on tax form: _____

Vendor TIN/SSN or Foreign Tax Payer ID: _____

BILH Customer Account Number(s): _____

PO Dispatch Method: ☐ GHX ☐ E-Mail ☐ Phone ☐ Fax ☐ Other

If the organization is a Sole Proprietor, is the owner a foreign national? ☐ Yes ☐ No

If BILH is purchasing a service from this supplier, are the services available to the general public on a regular and consistent basis? ☐ Yes ☐ No

If BILH is purchasing a service from this supplier, does the company advertise and/or maintain a business listing somewhere? ☐ Yes ☐ No

If BILH purchases from this company, approximately what % of their business has/will be for BILH and other clients?

This year:	BILH %	<input type="text"/>	Other Clients:	<input type="text"/>
Future Years:	BILH %	<input type="text"/>	Other Clients:	<input type="text"/>

What Service/Product does this supplier provide? If research sub contract, please state that information:

Provide justification as to why a current BILH supplier cannot be used:

Estimate your Department/Lab's annual spend with this supplier:

Conflict of Interest (COI)

Per BILH Policy, we must avoid COI. Employees, Medical Staff and others when working for or on behalf of BILH , must remove themselves from participating in BILH decisions in which they have a personal or financial interest. This includes purchasing from:

- Spouse or domestic partner, child, parent, sibling, or any person living in the same household (Family Member)
- Companies where the purchaser/decision maker and/or their spouse or domestic partner, child, parent, sibling or

any person living in the same household have:

- Public equity that exceeds \$10,000 or 5% ownership
- Any Private Equity interest
- Income greater than \$10,000 in the past 12 months, in aggregate
- A Fiduciary role or Executive Position

- Current or former BILH employees or their spouse or domestic partner, child, parent, sibling, or any person living in the same household

The following questions MUST be answered by the individual requesting the new supplier to be added. Please answer them as they relate to the proposed supplier. If any answers are "Yes", the requester MUST send the VARF form to the COI Team via e-mail for a COI review.

If "Yes", explain:

Have you or a family member received personal compensation from the company in excess of \$10,000 in the last 12 months?

☐ Yes ☐ No

--

Do you or a family member have any ownership in the company including stock, stock options, warrants or partnership shares?

☐ Yes ☐ No

--

Are you or a family member employed by, acting as consultant for, serving as director, officer or in any other fiduciary role for the company?

☐ Yes ☐ No

--

Will the proposed supplier create, receive or retain Protected Health Information (PHI) for or on behalf of a business associate agreement, which obligates the Business Associate to protect the privacy and confidentiality of PHI in accordance with the HIPAA Privacy and Security regulations?

☐ Yes ☐ No

Is this a request to add a new supplier for a grant application or a research sub contract?

☐ Yes ☐ No

Is this supplier conducting work that is part of BILH's usual clinical, research or education operations (ex: conducting experiments or treating patients)?

☐ Yes ☐ No

If no - please explain the work being performed: _____

IT: Has the supplier gone through an Information Security Risk Assessment?

☐ Yes ☐ No

Is this supplier a former BILH employee?

☐ Yes ☐ No

SIGNATURES (all required - unless noted)

Individual requesting the new supplier to be added:

<i>Name (printed)</i>	<i>Signature</i>	<i>Date</i>

Individual completing the VARF form:

<i>Name (printed)</i>	<i>Signature</i>	<i>Date</i>

COI Reviewer (if applicable)

Determination:

<i>Name (printed)</i>	<i>Signature</i>	<i>Date</i>

BILH Manager Authorization (ie: Principal Investigator or other Manager for Research Accounts):

<i>Name (printed)</i>	<i>Signature</i>	<i>Date</i>

MMIS SUPPLIER ADMINISTRATOR USE ONLY

OIG Compliant: ☐ Yes ☐ No

1099 Required: ☐ Yes ☐ No

1042 Required? ☐ Yes ☐ No

Business Associate Agreement on file?

☐ Yes☐ No

ACH information received and entered?

☐ Yes☐ No

Entered By: _____

Date: _____

Supplier Number Assigned: _____

Comments:

Note: Copies of this document along with the W-9 and BILH Supplier Information Form, must be uploaded into the ERP of record for audit purposes. Any additional modifications will require updated information to be loaded as well.