### EXHIBIT B: OFFEROR’S BID CHOICE FORM

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| **AHCCCS COMPLETE CARE RFP YH19-0001 OFEROR’S BID CHOICE FORM** |
| **BID CHOICE FORM - PART 1**     |  |  | | --- | --- | |  | **is bidding on the AHCCCS Complete Care Program in the GSA(s) checked below**: | | **OFFEROR’S NAME** |  | |
| **Offerors bidding in all three GSAs shall also identify below GSA priority preferences for award by indicating (1st choice, 2nd choice, 3rd choice) in the Priority Choice by GSA Column.** |
| |  |  |  | | --- | --- | --- | |  | **GSA** | **Priority Choice** | |  | **Central**: Maricopa, Gila, and Pinal Counties |  | |  | **North**: Mohave, Coconino, Apache, Navajo and Yavapai Counties |  | |  | **South**: Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz, and Yuma Counties |  |     Authorized Signature Date    Print Name Title |
| |  | | --- | |  |   **BID CHOICE FORM - PART 2**  Offerors requesting to participate in the evaluation for expansion of services as described in *RFP Section H, Instructions to Offerors, Paragraph 20*, shall indicate their request for participation below. An Offeror must complete the Bid Choice Form - Part 2 in order to be considered for participation in the future expansion of services. **Failure to complete the Bid Choice Form shall preclude the Offeror from participation in the future expansion of services**.   |  |  | | --- | --- | |  | **is requesting to participate in the evaluation for expansion of unique services in the GSA(s) checked below:** | | **OFFEROR’S NAME** |  |  |  |  | | --- | --- | |  | **GSA** | |  | **Central**: Maricopa, Gila, and Pinal Counties | |  | **North**: Mohave, Coconino, Apache, Navajo and Yavapai Counties | |  | **South**: Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz, and Yuma Counties |     Authorized Signature Date    Print Name Title |