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| Invitation For Bids (IFB)  **Colorado Department of Regulatory Agencies** |

**Dentist Peer Administering Entity**

**IFB #SJAA 2024000217**

Bid Submittal Due Date: June 14, 2024.

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| **State of Colorado**  **Department of Regulatory Agencies (DORA), Executive Office**  **Division of Professions and Occupations**  **Invitation For Bids (IFB) SUBMITTAL COVER SHEET** | | | | | | **Logo  Description automatically generated** |
| **Publish Date**: | | 05/24/2024 | **IFB Number:** | SJAA 2024000217 | | |
| Subject to the specifications, terms, and conditions herein stipulated, attached, or linked, bids will be accepted online via VSS Colorado (VSS) as stated below prior to the date and time listed. Invitation for Bids are now being accepted for:  ***Dentist Peer Administering Entity*** | | | | | | |
| **Submit All Applications to:** | Vendor Self Service (VSS)  [www.colorado.gov/VSS](http://www.colorado.gov/VSS) | | | **Purchasing Agent and Telephone No.:** | Kristine Contreraz  (303) 894-7765 | |
| **Deadline for Submission of Proposal:** | **June 14, 2024, 3:00 PM MST** | | | **IMPORTANT:** This completed and signed IFB Submittal Cover Sheet MUST accompany submitted bids. | | |
| **# of Copies to be Submitted:** | All bid materials shall be submitted using Vendor Self Service (VSS). | | |
| ***IDENTIFICATION OF APPLICANT(S) (*Legibly** Complete the Following Information):  APPLICANT(S)/COMPANY NAME:  STREET ADDRESS:  CITY/STATE/ZIP:  PHONE: FAX:  E-MAIL ADDRESS: WEBSITE ADDRESS:  AUTHORIZED SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **DocuSign digital signature or scan of wet ink signature is acceptable.**  PRINTED NAME AND TITLE:    FEIN OR CORE SUBSCRIBER NUMBER **AS REGISTERED** ON CORE:  CONTACT NAME FOR CLARIFICATIONS: PHONE:  **MODIFICATIONS RECEIVED: PAYMENT TERMS (Not Less Than NET 45):**    **F.O.B.:** Destination, Prepaid & Allowed **LEAD TIME/DELIVERY ARO:** See Contract Requirements | | | | | | |

In submitting this coversheet, you are verifying receipt of the original CORE notice and attachments. Where modifications are issued, you need to additionally acknowledge receipt of the number of modifications above where indicated. Offeror(s) are responsible for reading the entire IFB document and attachments before submitting a bid.

**COMPLETE AND RETURN THIS PAGE WITH YOUR RESPONSE**

Offerors are urged to read the solicitation document thoroughly before submitting a proposal.

Confirm that you are aware that the award notice will be published on VSS­­­: \_\_\_\_\_

My company is registered on Colorado VSS. \_\_\_\_\_Yes \_\_\_\_No. VCUST number if known #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contents

[SECTION 1.0 SOLICITATION INFORMATIOn 4](#_Toc165441694)

[1.1. INTRODUCTION 4](#_Toc165441695)

[1.2. background, OVERVIEW AND GOALS 4](#_Toc165441696)

[1.3. SCHEDULE OF ACTIVITIES 7](#_Toc165441697)

[1.4. SOLE POINT OF CONTACT 7](#_Toc165441698)

[1.5. [reserved] 8](#_Toc165441699)

[1.6. OFFEROR INQUIRIES 8](#_Toc165441700)

[SECTION 2.0 SCOPE OF WORK/SPECIFICATIONS AND REQUIREMENTS 8](#_Toc165441701)

[2.1. ACCESSIBILITY REQUIREMENTS 8](#_Toc165441702)

[2.2. INSURANCE REQUIREMENTS 8](#_Toc165441703)

[2.3. Statement of work MANDATORY/MINIMUM REQUIREMENTS 8](#_Toc165441704)

[2.4. definitions 12](#_Toc165441706)

[SECTION 3.0 BID SUBMISSION AND BID OPENING 12](#_Toc165441707)

[3.1. ONLINE BID SUBMISSION INSTRUCTIONS 12](#_Toc165441708)

[3.2. TIMELINESS OF BID SUBMISSION 13](#_Toc165441709)

[3.3. PRICING 13](#_Toc165441710)

[3.4. PUBLIC OPENING OF BIDS – VIRTUAL 13](#_Toc165441711)

[SECTION 4.0 BID AWARD 13](#_Toc165441713)

[4.1. BID EVALUATION AND AWARD 13](#_Toc165441714)

[4.2. SINGLE BID 14](#_Toc165441715)

[4.3. NOTICE OF AWARD 14](#_Toc165441716)

[4.4. DOCUMENTS AFTER AWARD 14](#_Toc165441717)

aPPENDICIES

aPPENDIX A - Administrative information

aPPENDIX B – model CONTRACT

APPENDIX C – Bid Template

1. SOLICITATION INFORMATIOn
   1. INTRODUCTION

On behalf of the State of Colorado, **Department of Regulatory Agencies (DORA)** is issuing this Invitation for Bids for **Den****tist Peer Administering Entity**.

* 1. background, OVERVIEW AND GOALS

**Peer assistance program authorized by statute.** Colorado Revised Statutes (C.R.S.) Section 12-220-310 authorizes the Dental Board (board) in the Division of Professions and Occupations to establish a peer health assistance program. Pursuant to §12-220-310, C.R.S., the board may select an entity to administer the dentist peer health assistance program.

**12-220-310. Dentist peer health assistance program - fees – rules**.

**(1)**

**(a)** Effective July 1, 2004, as a condition of renewal in this state, every dentist applying to renew the dentist’s license must pay to the administering entity that has been selected by the board pursuant to subsection (1)(b) of this section an amount not to exceed fifty-nine dollars per year, which maximum amount may be adjusted on January 1, 2005, and annually thereafter by the board to reflect changes in the United States department of labor, bureau of labor statistics, consumer price index for Denver-Aurora-Lakewood for all urban consumers or goods, or its successor index. The fee shall be used to support designated providers that have been selected by the board to provide assistance to dentists needing help in dealing with physical, emotional, or psychological problems that may be detrimental to their ability to practice dentistry. The fee shall not exceed one hundred dollars per year per licensee.

**(b)** The board shall select one or more peer health assistance programs as designated providers. To be eligible for designation by the board, a peer health assistance program must:

**(I)** Provide for the education of dentists with respect to the recognition and prevention of physical, emotional, and psychological problems and provide for intervention when necessary or under circumstances that may be established by rules promulgated by the board;

**(II)** Offer assistance to a dentist in identifying physical, emotional, or psychological problems;

**(III)** Evaluate the extent of physical, emotional, or psychological problems and refer the dentist for appropriate treatment;

**(IV)** Monitor the status of a dentist who has been referred for treatment;

**(V)** Provide counseling and support for the dentist and for the family of any dentist referred for treatment;

**(VI)** Agree to receive referrals from the board;

**(VII)** Agree to make its services available to all licensed Colorado dentists.

**(c)** The administering entity must be a qualified, nonprofit foundation that is qualified under section 501 (c)(3) of the federal “Internal Revenue Code of 1986”, as amended, and must be dedicated to providing support for charitable, benevolent, educational, and scientific purposes that are related to dentistry, dental education, dental research and science, and other dental charitable purposes.

**(d)** The administering entity shall:

**(I)** Collect the required annual payments, directly or through the board;

**(II)** Verify to the board, in a manner acceptable to the board, the names of all dentist applicants who have paid the fee set by the board;

**(III)** Distribute the money collected, less expenses, to the designated provider, as directed by the board;

**(IV)** Provide an annual accounting to the board of all amounts collected, expenses incurred, and amounts disbursed; and

**(V)** Post a surety performance bond in an amount specified by the board to secure performance under the requirements of this section. The administering entity may recover the actual administrative costs incurred in performing its duties under this section in an amount not to exceed ten percent of the total amount collected.

**(e)** The board may collect the required annual payments payable to the administering entity for the benefit of the administering entity and shall transfer the payments to the administering entity. All required annual payments collected or due to the board for each fiscal year are deemed custodial funds that are not subject to appropriation by the general assembly, and the funds do not constitute state fiscal year spending for purposes of section 20 of article X of the state constitution.

**(2)**

**(a)** Any dentist who is a referred participant in a peer health assistance program shall enter into a written agreement with the board prior to the dentist becoming a participant in the program. The agreement must contain specific requirements and goals to be met by the participant, including the conditions under which the program will be successfully completed or terminated, and a provision that a failure to comply with the requirements and goals shall be promptly reported to the board and that the failure results in disciplinary action by the board.

**(b)** Notwithstanding sections 12-220-201 and 24-4-104, the board may immediately suspend the license of any dentist who is referred to a peer health assistance program by the board and who fails to attend or complete the program. If the dentist objects to the suspension, the dentist may submit a written request to the board for a formal hearing on the suspension within ten days after receiving notice of the suspension, and the board shall grant the request. In the hearing the dentist bears the burden of proving that the dentist’s license should not be suspended.

**(c)** Any dentist who is accepted into a peer health assistance program in lieu of disciplinary action by the board shall affirm that, to the best of the dentist’s knowledge, information, and belief, the dentist knows of no instance in which the dentist has violated this article 220 or the rules of the board, except in those instances affected by the dentist’s physical, emotional, or psychological problems.

**(3)** If a dentist is arrested for a drug- or alcohol-related offense, the dentist shall self-refer to the peer health assistance program within thirty days after the arrest for an evaluation and referral for treatment as necessary. If the dentist self-refers, the evaluation by the program is confidential and cannot be used as evidence in any proceeding other than before the board. If a dentist fails to comply with this subsection (3), the failure, alone, is not grounds for discipline under sections 12-220-201 and 12-220-202 unless the dentist has also committed an act or omission specified in section 12-220-201, other than an act or omission specified in section 12-220-201 (1)(e) or (1)(f).

**(4)** Nothing in this section creates any liability on behalf of the board or the state of Colorado for the actions of the board members in making grants to peer assistance programs, and no civil action may be brought or maintained against the board or the state for an injury alleged to have been the result of the activities of any state-funded peer assistance program or of an act or omission of a dentist participating in or referred by a state-funded peer assistance program. However, the state remains liable under the “Colorado Governmental Immunity Act”, article 10 of title 24, if an injury alleged to have been the result of an act or omission of a dentist participating in or referred by a state-funded peer assistance program occurred while the dentist was performing duties as an employee of the state.

**(5)** The board is authorized to promulgate rules necessary to implement this section.

**Program funding.** This IFB solicits services for a peer administering entity for the dentist peer health assistance program. A peer designated provider is in place, to which the administering entity selected under this solicitation would distribute funding to pursuant to statute, at an amount designated by the State, for each month for the term of an awarded contract. The initial term of an awarded contract is anticipated to be one year, with the option of the State to extend for up to a maximum of four additional one-year terms.

As a condition of renewal, every dentist applying to renew the dentist’s license must pay the peer assistance fee. The amount of the fee is currently $50.00. Dentist and Academic Dentist licenses expire on the last day of February of even numbered years. For reference, the amounts collected from applicants over the previous four state fiscal years are as follows:

FY20 (July 1, 2019 – June 30, 2020) $258,715

FY21 (July 1, 2020 – June 30, 2021) $21,300

FY22 (July 1, 2021 – June 30, 2022) $276,950

FY23 (July 1, 2022 – June 30, 2023) $3,700

* 1. SCHEDULE OF ACTIVITIES
     1. This Schedule of Activities is for information and planning purposes only. Schedules for Activities listed as “Estimated” may be subject to change depending on the needs of the State. All times are stated in Mountain Time (MT), as adjusted for daylight savings.

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| --- | --- | --- | --- |
|  | **Activity** | **Date** | **Time** |
| 1 | Solicitation Published via Colorado [VSS](http://www.colorado.gov/vss)  (www.colorado.gov/vss) | **May 24, 2024** | N/A |
| 2 | Written Inquiries Deadline  Send Inquiries to **Kristine.contreraz@state.co.us** | **May 31, 2024** | **3:00 PM** |
| 3 | Response to written inquiries; will be posted to Colorado VSS. (To Be Determined) | **June 03, 2024** | **TBD** |
| 4 | Bid Submission Deadline  Sealed bids must be submitted in the method described in **Section 3.1** below | **June 14, 2024** | **3:00 PM** |
| 5 | Public opening of bids - **(**To Be Determined**), please email contact for an invite.** | **June 17, 2024** | **TBD** |
| 7 | Notice of Intent to Award Published on Colorado VSS (Estimated) | **July 01, 2024** | **3:00 PM** |
| 7 | Contract Execution (Desired) | **October 1, 2024** | N/A |

* 1. SOLE POINT OF CONTACT
     1. The Procurement Contact for this solicitation is:

Kristine Contreraz

Contract and Procurement Administrator

Email: [Kristine.contreraz@state.co.us](mailto:Kristine.contreraz@state.co.us)

Phone: (303)894-7765

* + 1. Email is the preferred method of communication. The individual listed above is the sole point of contact for this solicitation. Initiating contact with anyone other than this individual may result in Offeror disqualification.
  1. [reserved]
  2. OFFEROR INQUIRIES
     1. Offerors may submit written inquiries via email concerning this solicitation to obtain clarifications. The State, in its sole discretion may not accept inquiries received after the date and time indicated in the Schedule of Activities. Send all inquiries to the Procurement Contact identified in Section 1.4. Inquiries must be clearly marked with the IFB number and title. Where appropriate, inquiries should include references to any relevant Section/paragraph of the solicitation.
     2. Responses to Offeror’s inquiries will be published on Colorado VSS collectively, as a modification to the solicitation. Offerors shall not rely on any verbal statements that alter any specification or other term or condition of the solicitation. Such changes are valid only if provided in writing by the Procurement Contact.

1. SCOPE OF WORK/SPECIFICATIONS AND REQUIREMENTS
   1. ACCESSIBILITY REQUIREMENTS
      1. All work performed as a result of this solicitation must comply with all applicable provisions of §§24-85-101, C.R.S., et seq*.*, and the*Accessibility Standards for Individuals with a Disability,* as established by the Office Of Information Technology pursuant to Section §24-85-103 (2.5), C.R.S. and 3) all State of Colorado technology standards related to technology accessibility and with Level AA of the most current version of the Web Content Accessibility Guidelines (WCAG), incorporated in the State of Colorado technology standards.

* 1. INSURANCE REQUIREMENTS
     1. The awarded Offeror will be required to submit a certificate(s) of insurance evidencing insurance coverage for the types and amounts of insurance as required by the Insurance provision in the Contract or Purchase Order Terms and Conditions, included in this solicitation as **Appendix B**, prior to execution of the Contract.
  2. Statement of work MANDATORY/MINIMUM REQUIREMENTS

REQUIREMENTS. Please indicate whether your organization meets the following requirements by indicating Yes or NO in the appropriate column. Determination of whether you are responsive to the bid will be based upon your response to the requirements below. Where indicated that narrative is to be provided, Offerors must include narrative on a separate page and include the number of the specific requirement associated with the narrative. Where indicated that narrative is to be provided, Offerors must include narrative on a separate page and include the number of the specific requirement associated with the narrative. (APPENDIX C -Bid Template)

**The Offeror shall:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **DESCRIPTION OF REQUIREMENT** | **YES** | **NO** |
| 1. | Be a nonprofit foundation that is qualified under section 501 (c) (3) of the federal “Internal Revenue Code of 1986”, as amended. |  |  |
| 2. | Be dedicated to providing support for charitable, benevolent, educational, and scientific purposes that are related to dentistry, dental education, dental research and science, and other dental charitable purposes. Provide narrative on how you will meet this requirement. |  |  |
| 3. | Provide financial oversight and responsibility for the dental peer health assistance program moneys and the account in which these moneys are deposited. Please provide narrative on how you will meet this requirement*.* |  |  |
| 4. | May recover the actual administrative costs incurred in performing its duties under this section in an amount not to exceed ten percent of the total amount collected. |  |  |
| 5. | Post a surety performance bond in an amount specified by the State to secure performance under the requirements of this section. Bond is required no later than the effective date of the Contract and evidence thereof must be provided. |  |  |
| 6. | Accept the standard terms and conditions as listed in the Sample Contract attached as Exhibit B to this solicitation. If answer is NO, list any exceptions to the basic contract provisions and the required terms and conditions in this Sample in a separate document. |  |  |
| 7. | Register with the Colorado Secretary of State, if applicable. The Selected Offeror must maintain such registration and meet the necessary requirements of the Colorado Secretary of State to do business in Colorado. |  |  |
| 8. | Collaborate and work with the State to ensure a fully executed Contract is in place in a timely manner. |  |  |
| 9. | At the conclusion of the term or upon termination of any Contract, the Selected Offeror must agree to cooperate with any new vendor for the service and to provide assistance to facilitate the transition of all moneys to the new vendor as instructed by the State. |  |  |
| 10. | The State will collect moneys from applicants and licensees. The State will forward these moneys to the Selected Offeror in a manner and at a frequency to be agreed on by both the Selected Offeror and the State. The frequency of forwarding moneys will be at least on a quarterly basis but not more than monthly. |  |  |
| 11. | Selected Offeror shall be required to open and maintain a separate account in a bank, mutually agreed upon by the selected Vendor and the State, for the sole purpose of effectuating the terms of the Contract and collecting the required annual payments. |  |  |
| 12. | Selected Offeror shall distribute moneys, less expenses, to the Approved Designated Provider as earned, in whole or in part, in a maximum amount approved by the State. |  |  |
| 13. | The distribution by the vendor shall be made in a secure manner and at a frequency to be agreed on. The frequency of distributing moneys will be designated by the State but not more than monthly. Please provide narrative on how you will distribute moneys in a secure manner. |  |  |
| 14. | The Approved Designated Provider will submit invoices to the Selected Offeror with a copy to the State. . Selected Offeror shall distribute moneys to the Approved Designated Provider in full with respect to each invoice within thirty (30) days of receipt thereof; provided that the amount invoiced represents services which have been accepted by the State. |  |  |
| 15. | The Selected Offeror may request recovery for actual administrative costs in an amount not to exceed 10 percent (10%) of the total amount of moneys collected from licensees for this program during an awarded Contract term. |  |  |
| 16. | The frequency of recovering costs will be at least on an annual basis but not more than monthly. |  |  |
| 17. | Selected Offeror’s request for recovery of costs shall be made in writing to the State and include supporting documentation in a form agreed to by the Selected Offeror and the State. |  |  |
| 18. | The State shall review the request and if the documentation supports the request, shall authorize recovery of costs to the Selected Offeror within forty-five (45) days of receiving the request; provided that the costs requested comply with the Contract. |  |  |
| 19. | Selected Offeror shall provide quarterly and annual reports to the State of all moneys forwarded by the State, all costs, and amounts distributed to the Approved Designated Provider. |  |  |
| 20. | Selected Offeror shall provide bank statements for each month to the State on a quarterly basis. |  |  |

**B**. COST. Provide the percentage or fixed flat amount for recovery of administrative costs for a five-year period, year-by-year, provided recovery of costs does not exceed actual administrative costs, in accordance with statute. The amount must not exceed 10 percent of the estimated total amount of moneys collected from licensees during the awarded Contract term for the five-year period identified in the requirements in this solicitation. Provide a breakdown of the costs that equal the total percentage or fixed flat amount.

|  |  |  |
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| 21. | Annual percentage or annual fixed flat amount for the Contract term |  |

* 1. definitions
     1. **Definitions**

“**Administering Entity**” means the Successful Offeror to this Invitation for Bid who shall provide the services set forth in the Statement of Work and in §12-220-507, C.R.S.

“**Board**” means the Colorado Dental Board

“**Designated Provider**” or “**Approved Designated Provider**”: means the vendor selected by the State to provide peer health assistance services pursuant to §12-220-507, C.R.S.

“**Money**” or “**Moneys**”: means the fees collected by the State, forwarded to the Successful Offeror and distributed by Successful Offeror to the Approved Designated Provider pursuant to §12-220-507, C.R.S.

“**Offeror**” means an entity submitting a proposal for consideration under this solicitation.

“**Selected Offeror**” or “**Selected Vendor**” means the bidder who is selected for a Contract under the terms of this solicitation.

1. BID SUBMISSION AND BID OPENING
   1. BID SUBMISSION INSTRUCTIONS

For this solicitation, bids will be accepted using Vendor Self Service ([VSS](http://www.colorado.gov/vss)) Submission responding to the solicitation. Hard copies will not be accepted.

* + 1. Offerors are not required to register on VSS in order to download IFB documents and information, but will are required to register, in order to submit a bid (response) on VSS.
    2. Offerors should Offerors must submit bids using Vendor Self Service (VSS) and must attach their bid within VSS. Note: The Maximum individual attachment size for VSS documents is 20MB. Bids exceeding this limit must be separated into parts in order to accommodate lengthy responses or attachments.
    3. If Offeror is needing assistance with VSS, please contact the VSS Support Desk, [vsshelp@state.co.us](mailto:vsshelp@state.co.us) or visit [www.colorado.gov/vss](http://www.colorado.gov/vss) for registration and VSS help Videos. The VSS Help Desk is available Monday through Friday 8:00 a.m. to 5:00 p.m. MT.
    4. The Offeror should monitor the amendment history in VSS for any updates and/or modification. In the event that it becomes necessary to modify the IFB, the modifications will be made in VSS. It is very important that offerors check VSS on a regular basis, as this is the sole method for communicating any modifications, which modifications including any amendments published on VSS take precedence over information in the IFB.
    5. Please do not encrypt your attachments, and any additional encryption may result in failure to upload the bid.
    6. The Offerors are advised to submit bids no later than one hour prior to the Bid Submission Deadline to ensure the bid has been received.
    7. The solicitation submission application should be used only for bid submission. All inquiries, questions, comments, or concerns should be submitted to the Procurement Contact via email and not through the solicitation submission application.
  1. TIMELINESS OF BID SUBMISSION
     1. A Bid received after the submission deadline shall not be opened and shall be rejected as a late bid, unless otherwise permitted by the Procurement Official in accordance with Procurement Rule R-24-103-201-10.
     2. Responsibility for ensuring that an Offeror’s bid is received on time rests with the Offeror. Reasonably foreseeable problems inherent in the delivery of bids are not extraordinary circumstances permitting acceptance of late bids.
  2. PRICING
     1. The “pricing” is a percentage not to exceed 10% per Statute. However, the Offeror can select a lower percentage.
     2. Pricing must include any fees associated with the delivery of services.
  3. PUBLIC OPENING OF BIDS – VIRTUAL

The public bid opening will be held virtually. See the Schedule of Activities in Section 1 above for additional information. The State will prepare a register of bids, which shall include the name and amount of the bid submitted by each Offeror. Offeror must email the procurement contact, in order to receive an invite to the bid opening, within 3 business days prior to solicitation closing date.

1. BID AWARD
   1. BID EVALUATION AND AWARD
      1. Following determination of acceptability of goods or services, bids shall be evaluated to determine which Offeror offers the lowest cost to the State in accordance with the specifications of this solicitation.
      2. Discussions with bidders (Offerors) are permitted only if there has been a mistake in bids in accordance with Procurement Rule R-24-103-201-08.
      3. In the event an evaluation based on value analysis or other cost formulas will be used, this information must be included in this solicitation.
      4. A contract may not be awarded to an Offeror submitting a higher quality item than that designated in this solicitation unless such Offeror is also the lowest bidder as determined by value analysis or life cycle cost formulas as permitted in section 24-103-202, C.R.S., and Procurement Rule R-24-103-202-02.
      5. The provisions of Section 24-103-904, C.R.S., which require a preference for environmentally preferable products, apply to this solicitation. See Appendix A for additional information.
      6. The award shall be made to the lowest responsible and responsive bidder (Offeror) whose bid meets the requirements and criteria set forth in this solicitation.
   2. SINGLE BID

If only one bid is received in response to a solicitation, an award may be made to the single bidder (Offeror) if the procurement official finds that the price submitted is fair and reasonable and that other prospective Offerors had reasonable opportunity to respond. Reference Procurement Rule R- 24-103-201-02(d).

* 1. NOTICE OF AWARD

A Notice of Intent to Award will be published on Colorado VSS.

* 1. DOCUMENTS AFTER AWARD

Prior to Contract execution, the awarded Offeror must provide the State with Proof of Good Standing with the Colorado Secretary of State and an insurance certificate documenting coverage according to Insert appropriate insurance Section number from Model Contract of Appendix B. Offerors do not need to submit these documents unless they are awarded this solicitation.