

Attachment N
Client History Form
Arkansas Medicaid Security
RFP # 710-25-010

Attachment N

Arkansas Medicaid Security and Privacy Assessment Client History Form

Instructions: This form is intended to help the State gain a more complete understanding of each Respondent's Security and Privacy Assessment experience. This form must be completed completely and accurately.

The State reserves the right to verify the accuracy of these answers by contacting any of the listed clients, and all applicable clients **must** be listed. Omission of a client will constitute a failure to complete this form.

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 may (but are not required) provide the contact information for a person at the client entity who is knowledgeable of the named project. If the State contacts clients listed on this form, the State reserves the right to contact the listed individual or another person at the listed client.

The boxes below each prompt will expand if necessary. The form **must** be signed (please see the final page) by the same signatory who signed the Proposal Signature Page.

1. Please list clients where you (the prime contractor only) served as the prime contractor for conducting MARS-E assessments for at least three (3) active years in the past five (5) years. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please include the following: The number of assessments, Type of assessments, brief description of the assessments, and dates of assessments. If there are no contracts which meet this definition, please state "none."

2. Please list clients where you (the prime contractor only) served as the prime contractor for providing an independent assessment of security and privacy control services using the MARS-E standard for at least two (2) years for similar systems within the past five (5) years. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please include the following: scope of the contract, brief description of each system, and duration of services. If there are no contracts which meet this definition, please state "none."

Authorized Signature: _____ Title: _____

Printed/Typed Name: _____ Date: _____