



## **Procurement Services**

University of Arkansas at Little Rock

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***UA Little Rock***  
***Technical Response Packet***  
***FB-24-039***  
***Consulting Psychiatrist***

**CAUTION TO SUPPLIER**

*Supplier's failure to submit required items and/or information as specified in the solicitation may result in disqualification.*

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# Solicitation Signature Page

## PROSPECTIVE SUPPLIER INFORMATION

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Business Designation (check one):  
 Individual       Sole Proprietorship       Public Service Corp  
 Partnership       Corporation       Government/ Nonprofit

## MINORITY BUSINESS STATUS

Check Certification Type:  
 African American       Hispanic American       Service Disabled Veteran  
 American Indian       Pacific Island American       Woman Owned  
Certification#: \_\_\_\_\_  Asian American

## CONFIRMATION OF REDACTED COPY

- YES, a redacted copy of the submission is enclosed.  
 NO, a redacted copy of submission is not enclosed. I understand that, if requested, a full, non-redacted submission will be released.

*Note: If a redacted copy is not provided with the packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), **shall** be released in response to any request made under the Arkansas Freedom of Information Act (FOIA).*

## CERTIFICATION AND ACKNOWLEDGEMENT

- By signing and submitting a response to this *Solicitation*, the Prospective Supplier acknowledges, agrees, and certifies that they do not boycott Israel and, if selected, will not do so during the aggregate term of the contract.
- The Prospective Supplier acknowledges, agrees, and certifies that it is not currently engaged in a boycott of the energy, fossil fuel, firearms and ammunition industries and agrees for the duration of this Agreement that it will not engage in a boycott of the energy, fossil fuel, firearms or ammunition industries.
- The Prospective Supplier agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Supplier certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.
- The Prospective Supplier certifies that the government of the People's Republic of China ("PRC") does not wholly own the bidder or hold a majority interest in the bidder. Bidder further certifies that the PRC does not own or hold a majority interest in a for-profit parent company, subsidiary or affiliate of bidder, or in a subcontractor to be employed by bidder.

*An official authorized to bind the Prospective Supplier to a resultant contract must sign below.* The signature signifies the agreement that any exception in conflict with a solicitation requirement or a Solicitation Standard Term and Condition will disqualify this submission.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
*Use Ink Only.*

Printed/Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_

# Prospective Supplier Checklist

This checklist is provided to ensure all required information and documents are included in the submission packet. All documents must be completed in type or print. Illegible submissions may not be accepted. Recommended documents are not required but their submission is encouraged as they may be necessary for contract negotiations.

## Required Submission Documents

- Completed Solicitation Signature Page
- Proposed Subcontractors Form, if applicable
- Exceptions Form, if applicable
- Official Price Sheet, sealed separately
- Indicate Minority Business status, if applicable.
- Specification Sheets for all equipment proposed, please include product lead times
- Warranty and Installation schedule, if applicable
- Flash drive with a PDF copy of all submission documents

## Recommended Documents

- Redacted copy of submission.
- Additional terms, contracts, or user agreements
- Voluntary Products Accessibility Template [VPAT](#), if technology related.
- Prospective Supplier's Equal Employment Opportunity Policy, if applicable.
- Bids over \$20,000:** Completed Contract Grant and Disclosure Form (EO 98-04).

# Proposed Subcontractors Form

State of Arkansas Procurement Law requires that subcontractors adhere to, and maintain all certifications, as the primary contractor. All subcontractor certifications must be submitted to the Office of Procurement Services within 30 days after award of the contract, and the contractor is required to maintain the certification on file for the remainder of the term of the contract.

***Do not include additional information relating to subcontractors on this form or as an attachment to this form.***

## CONFIRMATION OF SUBCONTRACTOR USE

- NO, I do not propose the use of a subcontractor to perform services.
- YES, I propose the use of the following subcontractors to provide services or goods.

SUBCONTRACTOR'S COMPANY NAME	STREET ADDRESS	CITY, STATE, ZIP

## Exceptions Form

Prospective Supplier **shall** document all requested exceptions to requirements outlined in [bid number] for [description] and Standard Solicitation Terms and Conditions.

REFERENCE (SECTION, PAGE, PARAGRAPH)	DESCRIPTION	PROPOSED LANGUAGE

# Contract and Grant Disclosure and Certification Form

Failure to complete all of the following information may result in a delay in obtaining, extending, amending, or renewing a contract, lease, purchase agreement or grant award with any State of Arkansas agency.

This is for:  Goods     Services     Both    Taxpayer ID Name: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country (if outside US): \_\_\_\_\_

Subcontractor:  Yes     No    Subcontractor Name: \_\_\_\_\_

## FOR INDIVIDUALS

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse *is* a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Job Position Held <small>[senator, representative, name of board/ commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and how are they related to you? <small>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]</small>	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>					
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>					
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>					
State Employee	<input type="checkbox"/>	<input type="checkbox"/>					

**None of the above applies**

## FOR BUSINESSES

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (√)		Name of Job Position Held <small>[senator, representative, name of board/ commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and how are they related to you? <small>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]</small>	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>					
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>					
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>					
State Employee	<input type="checkbox"/>	<input type="checkbox"/>					

**None of the above applies**

# Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any supplier, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to UA Little Rock.

**As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency, I agree as follows:**

1. Before entering into any agreement with any subcontractor, before or after the contract date, I will require the subcontractor to complete a Contract and Grant Disclosure and Certification Form. Subcontractor shall mean any person or entity with whom I, the supplier, enter into an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with UA Little Rock.

2. I will include the following language in any agreement with a subcontractor:  
*Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.*

3. No later than **10** standard business days after entering into any agreement with a subcontractor, whether before or after the contract date, I will mail a copy of the subcontractor's Contract and Grant Disclosure Certification Form and a statement containing the dollar amount of the subcontract to UA Little Rock.

Supplier Agreement		
I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.		
Signature: _____	Title: _____	Date: _____
Supplier Contact Name: _____	Title: _____	Phone: _____

Office of Procurement Services Use Only		
Dept Name: _____	Contract #: _____	Grant #: _____
Dept Contact Name: _____	Email: _____	Phone: _____



# Supplier References

Respondents must provide a minimum of three (3) references. UA Little Rock reserves the right to contact any references provided to evaluate the level of performance and customer satisfaction

*Type or Print the following information*

Reference 1:

- Organization Name:
- Address:
- Name of Contact:
- Phone Number:
- Email Address:

Reference 2:

- Organization Name:
- Address:
- Name of Contact:
- Phone Number:
- Email Address:

Reference 3:

- Organization Name:
- Address:
- Name of Contact:
- Phone Number:
- Email Address:

## Information For Evaluation

Firms must provide the following items and any other items dictated in the Request for Qualifications. Responses must not contain the prospective supplier’s name or any other identifiers, including, without limitation, names of staff members, projects, and addresses.

The offeror should describe their approach to providing the services as described in this RFQ document. This description should include, at a minimum, examples of how the offeror will meet each of the requirements listed in Section 2.1 of the RFQ document. Requirements are listed below.

<b><u>Information for Evaluation Subsections:</u></b>	<b>Maximum RAW Score Available</b>
<b>E.1 Experience, Background, and Qualifications</b>	<b>130</b>
a. M.D., board-certified in the specialty of psychiatry.	10
b. Psychiatrist must be licensed <i>and</i> qualified to practice and provide services in the State of Arkansas.	10
c. Relevant experience with college-age populations	10
d. Provide a brief description of your corporate philosophy for account servicing and commitment.	10
e. Provide an example that demonstrates your firm’s ability to be proactive in finding opportunities to enhance benefits and services.	10
f. Disclosure of any conditions that may affect the offeror’s ability to perform their contractual obligations (i.e. bankruptcy, litigation, etc.).	10
g. Disclose use of any existing or potential conflicts of interest between the scope of work required by UALR as described herein and the offeror’s other business activities.	10
h. A brief description of the company, ownership structure, and other critical elements of the operations.	10
i. A brief description of the firm’s philosophy on policy and coverage recommendations to the client.	10
j. A brief description of the company’s expertise in the employee benefits arena.	10
k. A brief description of the company’s experience servicing public entities similar to UALR.	10
l. Provide any special experience, knowledge, or skills that uniquely qualify your firm for this project.	10

<ul style="list-style-type: none"> <li>m. Detail any and all breaches within the last five (5) years of: <ul style="list-style-type: none"> <li>a. Protected Health Information.</li> <li>b. Misappropriations of Social Security Numbers.</li> <li>c. Violations of Confidentiality.</li> <li>d. Other similar events committed by any employee or associate.</li> </ul> </li> </ul>	10
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<b>E.2 Availability</b>	<b>20</b>
<ul style="list-style-type: none"> <li>a. Attend on-campus meetings, such as the Behavioral Intervention Team’s weekly meetings.</li> </ul>	10
<ul style="list-style-type: none"> <li>b. Conduct phone consultation to the psychiatric APRN and the Director of Counseling Services, during the hours of 8:00 a.m. - 5:00 p.m., Monday through Friday as needed. While the psychiatrist must be available for phone consultations, a 40-hour work week is not necessary. There is no guarantee of regular work.</li> </ul>	10

<b>E.3 Duties and Responsibilities</b>	<b>40</b>
<ul style="list-style-type: none"> <li>a. Provide on-campus psychiatric evaluations of students on an as needed basis.</li> </ul>	10
<ul style="list-style-type: none"> <li>b. Provide relevant mental health in-service training for the Counseling Services team and the Behavioral Intervention Team.</li> </ul>	10
<ul style="list-style-type: none"> <li>c. Serve as the collaborating physician for the psychiatric APRN.</li> </ul>	10
<ul style="list-style-type: none"> <li>d. Refer students who need long-term psychiatric treatment to outside specialist.</li> </ul>	10

<b>E.4 Documentation</b>	<b>50</b>
<ul style="list-style-type: none"> <li>a. Resume</li> </ul>	10
<ul style="list-style-type: none"> <li>b. Cover Letter <ul style="list-style-type: none"> <li>i. Thoroughly describe your education and qualifications not listed on your resume that outline and highlight your achievements in higher education psychiatry.</li> </ul> </li> </ul>	10
<ul style="list-style-type: none"> <li>c. 3-5 Current References (within the last four (4) years)</li> </ul>	10
<ul style="list-style-type: none"> <li>d. Proof of current liability insurance (what type and what amount)</li> </ul>	10

