



**University of Arkansas at Little Rock**

Procurement Services  
University Services Building C100  
2801 South University  
Little Rock, Arkansas 72204

***TECHNICAL PROPOSAL PACKET***  
***UA Little Rock FB-22-003***

**CAUTION TO SUPPLIER**

Supplier's failure to submit required items and/or information as specified in the *Bid Solicitation Document* **shall** result in disqualification.



# University of Arkansas at Little Rock

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## PROPOSAL SIGNATURE PAGE

RESPONDENT'S INFORMATION				
Company:				
Address:				
City:		State:		Zip Code:
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <input type="checkbox"/> Nonprofit	
Minority Designation: <i>See Minority Business Policy</i>	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic American	<input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> Woman Owned
	AR Minority Certification #: _____		Service Disabled Veteran Certification #: _____	

SUPPLIER CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:		Title:	
Phone:		Alternate Phone:	
Email:			

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.  <i>Note: If a redacted copy of the submission documents is not provided with vendor's response 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). See Bid Solicitation for additional information.</i>

ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.
<input type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

**An official authorized to bind the vendor to a resultant contract must sign below.**

The signature below signifies agreement that either of the following **shall** cause the supplier's proposal to be disqualified:

- Additional terms or conditions submitted in their proposal, whether submitted intentionally or inadvertently.
- Any exception that conflicts with a Requirement of this *Bid Solicitation*.

**Authorized Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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

## **SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE**

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

**Authorized Signature:** \_\_\_\_\_

*Use Ink Only.*

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

## **SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE**

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

**Authorized Signature:** \_\_\_\_\_

*Use Ink Only.*

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

## **SECTIONS 3, 4, 5 - VENDOR AGREEMENT AND COMPLIANCE**

- *Exceptions to Requirements shall cause the vendor's proposal to be disqualified.*

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

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

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

# PROPOSED SUBCONTRACTORS FORM

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

## **VENDOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.**

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

**VENDOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

By signature below, vendor agrees to and **shall** fully comply with all Requirements related to subcontractors as shown in the bid solicitation.

**Authorized Signature:** \_\_\_\_\_

*Use Ink Only.*

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

## Proposal Requirements

Firms must provide the following items, and any other items as dictated in the RFP, in the proposal. The submitted technical proposal **must not exceed 20 single-sided pages, exclusive of the following**: Proposal Signature Page; All Agreement and Compliance Pages; Proposed Subcontractors Form, if applicable; Signed Addenda, if applicable; E.O. 98-04 – Contract Grant and Disclosure Form; Equal Opportunity Policy; Voluntary Product Accessibility Template (VPAT), if applicable; and Proof of Insurance

### Project Approach

The proposal shall include enough information to illustrate a clear understanding of what UA Little Rock/MidSOUTH requires to meet its executive search goals requested in this document. The proposal must identify the need for methamphetamine prevention in the applicant region. The proposal shall also include enough information to clearly demonstrate the proposed solution. Contractor will insure media/messaging elements include the campaign theme and logo elements provided by MidSOUTH. The public information /messaging plan must take into account the languages spoken by the target populations.

### Experience and Qualifications

The agency shall describe its unique qualifications and related experience. Agencies shall document experience with similar projects. Detail how deliverables will reflect the scope of services previously identified. Provide references for similar services provided in the past twelve (12) months. The evaluation committee may contact these references.

### Staffing

Identify staff who would be assigned to the American Rescue Plan Act Supplement – Prevention Network Expansion and Enhancement contracts. Indicate how the quality of staff over the term of the agreement will be assured.

### Budget

The proposal must include a detailed budget reflecting the total amount designated for the region for the application. Indirect costs of up to 10% of the award amount will be allowed in the budget. Total indirect costs plus reimbursable amount cannot exceed total award amount. The Contractor will allot no less than 20% of the budget to a faith-based ATOD prevention focused messaging campaign. The monies available for each region are listed in section 2.1 and will not be negotiated or changed with the exception of the following: The funding is subject to change based on the fund distribution calculation and is dependent on grant funds and the fund holder (DAABHS). The funds can change upon the discretion of the funder (DAABHS). Fund distribution will be a flat rate per region based on the fund distribution by the fund holder (DAABHS). All financial issues are governed by the DBHS Rules of Practice and Procedure (Appendix 1). The most current DBHS Rules of Practice and Procedure must always be followed, including new revisions that are released during the contract period. Please refer to this document for guidance.

# INFORMATION FOR EVALUATION

- Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.
- Do not include additional information if not pertinent to the itemized request.

<b>E.1 Project Approach</b>	<b>Maximum RAW Score Available</b>
	<b>20 points</b>
A. Describe the need for ATOD prevention in the applicant region.	5 points
B. Describe in detail your firms proposed solution for the target region.	5 points
C. Detail how deliverables will reflect the scope of services identified in Section 2.2 of the RFP.	5 points
D. Describe your agency's public information/messaging plan and how you will execute it. Must include, but is not limited to: <ul style="list-style-type: none"> <li>a. Contractor, in conjunction with MidSOUTH and the workgroup, shall ensure that media/messaging elements spread the prevention message to youth and adults in their communities.</li> <li>b. Contractor will insure media/messaging elements include the campaign theme and logo elements provided by MidSOUTH.</li> <li>c. Contractor will allot no less than 20% of the budget to a prevention-focused messaging campaign. Media/messaging will include but are not limited to: billboard designs, social and digital media assets, print ads, radio PSA scripts, fliers.</li> <li>d. Contractor will work with local vendors to plan region-wide media distribution.</li> <li>e. Contractor will distribute physical and/or digital copies of the media toolkit to local stakeholders (e.g. healthcare providers. Rural Hospital Association, local task forces and community coalitions, primary and secondary schools, colleges and universities, law enforcement, etc.).</li> <li>f. Contractor shall oversee and coordinate all aspects of outreach and media efforts in support of the regional campaign.</li> </ul>	5 points
<hr/>	
<b>E.2 Experience and Qualifications</b>	<b>Maximum RAW Score Available</b>
	<b>15 points</b>
A. Describe your agency's unique qualifications and related experience, if any. Agencies shall list experience(s) with similar project(s), if any.	5 points
B. State the size of the agency and the location(s) of the office from which the work is to be performed.	5 points
C. Provide a list of governmental or private contracts and references for similar services provided in the past twelve (12) months. The evaluation committee may contact these references.	5 points
<hr/>	
<b>E.3 Staffing</b>	<b>Maximum RAW Score Available</b>
	<b>15 points</b>
A. Identify staff who would be assigned to the American Rescue Plan Act – Prevention Network Expansion and Enhancement contracts. Provide information on their experience as it relates to this RFP.	5 points



B. Describe your agency's plan to ensure the quality of staff and reporting measures over the term of the contract.	<b>5 points</b>
C. Describe your agency's plan to ensure that staff will either be certified in prevention or work toward certification within twenty-four (24) months of the grant award.	<b>5 points</b>
<b>E.4 Budget Plans</b> The budget plans must include a detailed budget reflecting the proposed amount designated for the region for the application	<b>Maximum RAW Score Available 10 points</b>
A. Describe the Firm's size and financial stability, illustrating its ability to fulfill the terms of the RFP.	5 points
B. Include a budget breakdown using the Budget Request Form (Appendix 7) Applicants should not anticipate carryover funds from year to year	5 points



# SUPPLIER APPLICATION

**Instructions:** Please complete and return the Supplier Application along with a signed W-9. Supplier Application and W-9 should be returned by email to [procurement@ualr.edu](mailto:procurement@ualr.edu) or mailed to Attn: Procurement Services, 2801 S. University Ave., Little Rock, AR 72204.

- New Supplier
- Existing Supplier – Update Record

**Supplier's Name:** \_\_\_\_\_

**DBA (If applicable):** \_\_\_\_\_

**Federal Taxpayer Identification (TIN):** \_\_\_\_\_

**Email Address to Receive Purchase Orders:** \_\_\_\_\_

**Short Description of Your Goods or Services:** \_\_\_\_\_

**Supplier's Address** (mailing address for warrant check and must be reflected on the billing invoice):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country (if outside US): \_\_\_\_\_

**Physical Address (if different than above address):**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country (if outside US): \_\_\_\_\_

**Supplier's Contact Information:**

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Email: \_\_\_\_\_

**Direct Deposit:** A copy of a voided check and a completed [Authorization for Supplier Direct Deposit form](#) is required to activate direct deposit payments.

- Yes (see instructions above)
- No (Warrant check will be issued)

**Arkansas Minority Indicator (check only one):**

- Hispanic American
- Asian American
- Pacific Islander
- Service-Disabled Veteran

**Legal Status (check only one):**

- African American
- Corporation
- Individual/Sole Proprietor
- Native American

- Partnership
- Non- or Not-for-Profit
- Woman-Owned
- Foreign Corporation

**Arkansas Minority/Service Disabled Veteran Certificate Number:** \_\_\_\_\_

**Certification:** I certify that: (i) my company is not currently engaged in a boycott of Israel, and (ii) my company will not engage in such a boycott for the duration of the contract with UA Little Rock.

- Yes
- No

Under penalties of perjury, I certify that the information provided above is true, correct, and complete.

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_

# Contract and Grant Disclosure and Certification Form

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

**IS THIS FOR:**

TAXPAYER ID NAME:  Goods?  Services ?  Both ?

YOUR LAST NAME: FIRST NAME:  
M.I.:

ADDRESS:

CITY: STATE: ZIP CODE: ---  
COUNTRY:

SUBCONTRACTOR: SUBCONTRACTOR NAME:  
 Yes  No

**AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:**

## 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 Position of Job 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 A SUPPLIER (BUSINESS)\*

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 Position of Job Held <small>[senator, representative, name of board/ commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
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

Rev. 08/20/07

# Contract and Grant Disclosure and Certification Form

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**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 contract. Any contractor, 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 the agency.**

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

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to 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 enter 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 the state agency.
  
2. I will include the following language as a part of 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 who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.*
  
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

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 \_\_\_\_\_

Vendor Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Phone No. \_\_\_\_\_

**Agency use only**

Agency Agency Contract	Agency	Contact
Number _____ Name _____ No. _____	Contact Person _____	Phone No. _____ or Grant