2801 S. University Ave., Little Rock, AR 72204-1099 | (O) 501.916.3144 | (F) 501.916.3425

# BID RESPONSE PACKET UA Little Rock FB-23-013

### **BID SIGNATURE PAGE**

Type or Print the	followi	ng information.			_			
			PROSPECTIVE CONT	TRACTOR'S INFO	RMATIO	N		
Company:								
Address:								
City:					State:		Zip Code:	
		dividual artnership		☐ Sole Proprietors☐ Corporation	ship		☐ Public Service	Corp
Business Designation:		ot Applicable rican American		can Indian nic American		ian American cific Islander ican	☐ Service D Veteran ☐ Women-0	
	AR	Certification #:		* See Mind	ority and	Women-Owned B	usiness Policy	
			PECTIVE CONTRAC					
		Provide con	tact information to be	used for bid solicit	tation rela	nted matters.		
Contact Person	1:			Title:				
Phone:				Alternate Phon	ie:			
Email:								
			CONFIDMATIO	N OF REDACTED	CODY			
□ NO, a redacte requested.	d copy	of submission documents of submission documents i	is enclosed. s <u>not</u> enclosed. I und	erstand a full copy	of non-re			
non-reda	cted do	y of the submission docum cuments, with the exceptio m of Information Act (FOIA	n of financial data (ot	her than pricing), s	<b>shall</b> be re			
			ILLEGAL IMMIG	RANT CONFIRM	ATION			
	s. If sele	ng a response to this <i>Bid So</i> ected, the Prospective Con						
		IS	RAEL BOYCOTT RES	STRICTION CONF	IRMATIC	)N		
selected, will not	t boycot	ng a response to this <i>Bid So</i> It Israel during the aggrega	te term of the contrac	ct.		•	,	and if
		bind the Prospective Co eption that conflicts with						d to be
Authorized Signat	ure:				Title:			
		Use Ink Only.						
Printed/Typed Nan	ne:			1	Date: _			

Bid Response Packet FB-23-013

Page 2 of 8

#### SUBMISSION REQUIREMENTS CHECKLIST

Per the solicitation, the following items <b>must</b> be submitted via hard copy and also on a flash drive:
☐ Proposal Signature Page
☐ Proposed Subcontractors Form
☐ Exceptions Form, if applicable
☐ Official Price Sheet, sealed separately
☐ Specification Sheets for all Equipment proposed, please include product lead times
☐ Warranty and Installation schedule
It is strongly recommended that the following items are also included with the Prospective Contractor's proposal:
☐ EO 98-04: Contract and Grant Disclosure Form
☐ Copy of Prospective Contractor's Equal Opportunity Policy
☐ Voluntary Product Accessibility Template (VPAT), if applicable
☐ Signed addenda, if applicable

#### PROPOSED SUBCONTRACTORS FORM

- Do not include additional information relating to subcontractors on this form or as an attachment to this
  form.
  - o Prospective Contractor **shall** complete and submit the *Proposed Subcontractors Form* included in the *Technical Proposal Packet*.
  - Additional subcontractor information may be required or requested in following sections of this RFP Solicitation or in the Information for Evaluation section provided in the Technical Proposal Packet.
     Do not attach any additional information to the Proposed Subcontractors Form.
  - o The utilization of any proposed subcontractor is subject to approval by UA Little Rock Procurement Services.

# PROSPECTIVE CONTRACTOR 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

☐ PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

#### **EXCEPTIONS FORM**

Prospective Supplier **shall** document all exceptions related to requirements in the ITB Solicitation and terms in the "Solicitation Terms and Conditions" located on the Procurement website.

ITEM #	REFERENCE (SECTION, PAGE, PARAGRAPH)	DESCRIPTION	PROPOSED LANGUAGE
1.			
2.			
3.			



### **University of Arkansas at Little Rock**

Office of Procurement
University Services Building C100
2801 S. University
Little Rock, Arkansas 72204

### **OFFICIAL BID PRICE SHEET**

ITEM	DESCRIPTION	QTY	UNIT OF MEASURE	UNIT PRICE	EXTENDED AMOUNT
1.	Drug Takeback Boxes and Liner	25	each		
	Kits, including delivery and				
	Storage				

	GRAND TOTAL (pre tax)	\$
The prices bid <b>must</b> include all costs of the materials, ship necessary to fully meet the specifications described in Sec		uipment and labor
Authorized Signature:		

#### **Contract and Grant Disclosure and Certification Form**

ITY:		YOUR LAST NAME: M.I.:			FIRST NAME:				
			s	STATE: ZIP CODE:					
JBCONTRACTOR: ☐ Yes ☐ No	SUBCO	ONTRACT	OR NAME:						
				MENE	DING, C	OR RENEWING A CONTRACT	<u>Γ,</u>		
				E AGE	NCY,	THE FOLLOWING INFORMAT	<u> TION</u>		
MUST BE DISCLOS	SED:								
			For Ir	ndivid	uals*				
				of you o		ouse is a current or former: member of the	e General Ass	embly,	
onstitutional Officer, State	e Board or Comn Mark (√)		Name of Position of Job He	For How		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]			
Position Held	Curre nt	Form er	name of board/ commission, data entry, etc.]	From MM/ YY	To MM/ YY	Person's Name(s)		Relation	
General Assembly									
Constitutional Officer									
State Board or Commission Member									
State Employee								-	
None of the above a	nnlies						:		
1 None of the above t	ррпсз		For A supp	olier (	Busin	ess)*			
ntity: member of the Generate, or child of a membe	ral Asse of the C	mbly, C General	Constitutional Officer, State Bo	oard or C cer, Stat	ommission e Board o	ol or hold any ownership interest of 10% or on Member, State Employee, or the spous or Commission Member, or State Employe the entity.	e, brother, sist		
	Mai	Mark (√) Name of Position of Held		For How Long?		What is the person(s) name and what is his/her % of owners interest and/or what is his/her position of control?			
Position Held	Curre nt	Form er	[senator, representative, name of board/commission, data entry, etc.]	From MM/ YY	To MM/ YY	Person's Name(s)	Ownershi p Interest (%)	Position of Contro	
General Assembly									
Constitutional Officer									
State Board or Commission Member					! ! !				
State Employee					! !				
☐ None of the above	annlie	26							
	3-23-01					Page <b>7</b> of <b>8</b>			

#### **Contract and Grant Disclosure and Certification Form**

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 Grant No	Contact Person	Phone No or				