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

BID RESPONSE PACKET UA Little Rock FB-23-026

BID SIGNATURE PAGE

Type or Print the following information.									
PROSPECTIVE CONTRACTOR'S INFORMATION									
Company:									
Address:									
City:					State:		Zip Code:		
		Individual Partnership		☐ Sole Proprietor☐ Corporation	orship ☐ Public Service Corp ☐ Nonprofit				
Business Designation:		Not Applicable African American	_	can Indian nic American	☐ Asian American☐ Pacific IslanderAmerican☐ Women-Owned				
	AR Certification #: * See Minority and Women-Owned Business Policy								
PROSPECTIVE CONTRACTOR'S CONTACT INFORMATION Provide contact information to be used for bid solicitation related matters.									
Contact Person	ո։			Title:					
Phone:	Alternate Ph				ne:				
Email:					1				
CONFIRMATION OF REDACTED COPY									
 ☐ YES, a redacted copy of submission documents is enclosed. ☐ 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. 									
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.									
			ILLEGAL IMMIG						
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.									
☐ Prospective Contractor does not and will not boycott Israel.									
An official authorized to bind the Prospective Contractor to a resultant contract must sign below. The signature below signifies agreement that any exception that conflicts with a Requirement of this Bid Solicitation will cause the Prospective Contractor's bid to be disqualified:									
Authorized S	ign	ature:	Use Ink Only.		Title: _				
OSE IIIK ONIY.									
Printed/Typed Name: Date:									

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SUBMISSION REQUIREMENTS CHECKLIST

Per the solicitation, the following items **must** be submitted via hard copy and also on a flash drive:

- Proposal Signature Page
- Proposed Subcontractors Form
- Exceptions Form, if applicable

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.

PERFORM SERVICES.		
☐ PROSPECTIVE CONTRACTOR	R PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S	3)

☐ PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO

TO PROVIDE SERVICES.

Type or Print the following information

_	

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.			

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:

Rev. 08/2/22

☐ Goods?

□ Services ?

☐ Both?

YOUR LAST NAME: M.I.:			FIRST N	AME:				
ADDRESS:								
CITY: COUNTRY:				STATE:		ZIP CODE:		
SUBCONTRACTOR:	SUB	CONTRA	CTOR NAME:					
☐ Yes ☐No AS A CONDITION	OF O	BTAI	NING. EXTENDING.	AMEN	IDING.	OR RENEWING A CONTRACT	T.	
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:								
MIGST BE DISCEO	<u> 3LD.</u>		TOD D	ID IX	EDITA:			
Indicate helow if: you you	r enous	o or the	FOR IN			$\mathrm{LS}^{m{\pi}}$ spouse <i>is</i> a current or former: member of t	ho Gonoral	
			pard or Commission Member	, or State	Employ		ne General	
	Mark (√)		Name of Position of Job He	For How Long?		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	Form	[senator, representative, name of board/ commission,	From MM/	To MM/	Person's Name(s)		Relation
	nt	er	data entry, etc.]	YY	YY	r craon a reame(a)		relation
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								
□ 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.								
	Curre Form of board/commissi		Name of Position of Job Held	of Job 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?		
Position Held			[senator, representative, name of board/commission, data entry, etc.]	From MM/ YY	To MM/ YY	Person's Name(s)	Ownershi p Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								
□ None of the above applies Bid Response Packet FB-23-026 Page 6 of 8								
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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:

- 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.							
_Title	Date						
Title	Phone No						
Agency Use Only							
Contract (or Grant) Number _							
Phone No							
	TitleTitle Agency Use Only Contract (or Grant) Number						