



## **Procurement Services**

University of Arkansas at Little Rock

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

# ***BID RESPONSE PACKET UA Little Rock FB-23-033***

UNIVERSITY OF ARKANSAS AT LITTLE ROCK  
REQUEST FOR PROPOSAL

## BID SIGNATURE PAGE

Type or Print the following information.

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

PROSPECTIVE CONTRACTOR'S 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 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 Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
*Use Ink Only.*

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

## 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*
- *Official Price Sheet, sealed separately*
- Proposed Room Setups
- 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.*

PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM 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

## 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  
REQUEST FOR PROPOSAL



**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.	Double Occupancy Rooms (state rate)	90	per person per night		
2.	Ballroom Meeting Space	1	per room		
3.	Breakout Meeting Spaces	3	per room		
4.	Staging Equipment Setup: Ballroom and Breakout Spaces	4	per room		
5.	A/V Equipment, Setup, and Support	4	per room		
6.	Self-Parking for 300 Attendees	300	each		
7.	Breakfast Bar	3	per day		
8.	Buffet-Style or Full-Service Dinner	1	per day		
9.	Beverage Service	3	per day		
10.	Vendor Space Setup	17	Per Tabletop		
11.	Meeting space/staging area and early access	1	per day		
12.	Additional Fees/Services Charges				
13.	Taxes				

GRAND TOTAL (pre tax)    \$ \_\_\_\_\_

The prices bid **must** include all costs of the materials, shipping, delivery, and any additional equipment and labor necessary to fully meet the specifications described in Section 2.

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

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## 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.

TAXPAYER ID NAME: **IS THIS FOR:**  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 (v)		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 (v)		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

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## 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 Name \_\_\_\_\_ Contract (or Grant) Number \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone No. \_\_\_\_\_