



Procurement Services

University of Arkansas at Little Rock

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UA Little Rock Response Packet FB-24-010

Campus Living Custodial Services

Table of Contents

Solicitation Signature Page	3
Prospective Supplier Checklist	4
Required Submission Documents	4
Proposed Subcontractors Form	5
Exceptions Form	6
Official Bid Price Sheet	7
Contract and Grant Disclosure and Certification Form	7

SOLICITATION SIGNATURE PAGE

PROSPECTIVE SUPPLIER INFORMATION

Company Name:			
Contact Name:		Title:	
Address:			
City:		State:	
Phone Number:		Fax Number:	
E-Mail Address:			
Business Designation (check one):	<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"/> Government/ Nonprofit

MINORITY BUSINESS STATUS

Check Certification Type:	<input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American	<input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Island American	<input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> Woman Owned
Certification#: _____			

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 they do not boycott energy, fossil fuel, firearms, or ammunition industries and, if selected, will not do so during the aggregate term of the contract.
- 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 they are not a company owned in whole or in part by the Chinese government or that employs a company owned in whole or in part by the Chinese government as a subcontractor.

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 SUBCONTRACTOR FORM

State of Arkansas Procurement Law requires that subcontractors to 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

EXCEPTION 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 FROM

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 [senator, representative, name of board/ commission, data entry, etc.]	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.]	
	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 [senator, representative, name of board/ commission, data entry, etc.]	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.]	
	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 9804, 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: _____



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OFFICIAL BID PRICE SHEET

Prices must include all costs of the materials, shipping, delivery, and any additional equipment and labor necessary to fully meet the specifications described in Section Two (2) of the solicitation.

Discounts should be deducted from the unit price, and the net price should be shown in Extended Amount. In the event of a calculation error, the unit price shall prevail.

ITEM	DESCRIPTION	QTY	U/M	UNIT PRICE	EXTENDED AMOUNT
1	Full Bathroom	1	per hour		
2	Half Bathroom	1	per hour		
3	Bedroom	1	per hour		
4	Kitchenette/Kitchen	1	per hour		
5	Common Area	1	per hour		
6	Misc Fee	1	each		
TOTAL COST					

Authorized Signature: _____ Title: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____