

UA Little Rock Invitation for Bid Response Packet FB-25-015 Planetary Scanner

CAUTION TO SUPPLIER:

Supplier's failure to submit required items and/or information as specified in the solicitation may result in disqualification.

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Solicitation Signature Page

PROSPECTIVE SUPPLIER INFORMATION

Company Name:	й					
Contact Name:	5	Title:				
Address:						
City:		State:	ZIP Code:			
Phone Number:		Fax Number:				
E-Mail Address:	4					
Business Designation (check one):	IndividualPartnership	Sole ProprietorshipCorporation	 Public Service Corp Government/ Nonprofit 			
	MINORITY	BUSINESS STATUS				
Check Certification Typ	e: African American American Indian Asian American	Hispanic AmericanPacific Island American	Service Disabled VeteranWoman Owned			
	CONFIRMATION	N OF REDACTED COPY				
 YES, a redacted copy of the submission is enclosed. NO, a redacted copy of submission is <u>not</u> enclosed. I understand that, if requested, a full, non-redacted submission will be released. <i>Note: If a redacted copy is not provided with the packet, and neither box is checked, a copy of the non-redacted</i> 						
	h the exception of financial data (ot e Arkansas Freedom of Information .		ed in response to any request			
	CERTIFICATION AN	ID ACKNOWLEDGEMENT				
 By signing and submitting a response to this <i>Solicitation</i>, 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 it is not currently engaged in a boycott of the energy, fossil fuel, firearms and ammunition industries and agrees for the duration of this Agreement that it will not engage in a boycott of the energy, fossil fuel, firearms and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Supplier agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Supplier certifies that the government of the People's Republic of China ("PRC") does not wholly own the bidder or hold a majority interest in the bidder. Bidder further certifies that the PRC does not own or hold a majority interest in a for-profit parent company, subsidiary or affiliate of bidder, or in a subcontractor to be employed by bidder. 						
Authorized Signatu	re:Use Ink Only.	Title:				

Printed/Typed Name:____

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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
- U 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 <u>VPAT</u>, 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 Subcontractors 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

Recommended Options Form

Prospective respondents should identify optional recommended services or commodities available to the university, along with the schedule impact and cost details of each item. If the prospective respondent does not offer optional recommended services or commodities, the prospective respondent should indicate so by checking the appropriate box. Responses to this form will not be scored for evaluation purposes.

Costs associated with the optional recommended services must be included on this form and must not be included in the completed Pricing Response.

Prospective supplier proposes the following optional recommended services under a resulting contract:

Option Details and Impacts:

Item Description	
How will this add value?	
Schedule Impact:	
Cost Details:	

Item Description	
How will this add value?	
Schedule Impact:	
Cost Details:	

Item Description	
How will this add value?	
Schedule Impact:	
Cost Details:	

Item Description	
How will this add value?	
Schedule Impact:	
Cost Details:	

Item Description	
How will this add value?	
Schedule Impact:	
Cost Details:	

□ Prospective Contractor does not offer optional recommended services.

Exceptions 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

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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, extending, amending, or renewing a contract, lease, purchase agreement or grant award with any State of Arkansas agency.

This is for: Goods	□ Serv	vices 🗆 Bot	th Taxpayer I	D Name:			
First Name:			MI:	Last Name: _			
Physical Address:							
City:	S	itate:	_ Zip Code:	Cour	ntry (if outside US):	
Subcontractor: 🗆 Ye	s 🗆 No	Subco	ntractor 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:							
Mark (V) Position Held		Aark (V)	Name of Job Position Held [senator, representative,	For How Long? [i.e., Jane		What is the person are they rela [i.e., Jane Q. Public Public, Jr., c	ted to you? , spouse, John Q.
	Current	Former	name of board/ commission, data	From MM/YY	То ММ/ҮҮ	Person's Name(s)	Relation

entry, etc.]

Commission Member State Employee □ 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.

are power to direct the parchasing policies of initiaence the management of the charg.							
Position Held	Mark (V)		Name of Job Position Held [senator, representative,	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	name of board/ commission, data entry, etc.]	From MM/YY	То ММ/ҮҮ	Person's Name(s)
General Assembly					1 1 1		
Constitutional Officer							
State Board or Commission Member					- - - - -		
State Employee					1 1 1 1		

□ None of the above applies

General Assembly

Constitutional

Officer State Board or

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 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 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: