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UA Little Rock Invitation for Bid Response Packet FB-25-019 Planetary Scanner (FB-25-015 REBID)

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 SUPP	LIER INFORMATION	
Company Name:			
Contact Name:		Title:	
Address:			
City:		State:	ZIP Code:
Phone Number:		Fax Number:	
E-Mail Address:		_	
Business Designation (check one):	☐ Individual ☐ Partnership	Sole ProprietorshipCorporation	☐ Public Service Corp☐ Government/ Nonprofit
	MINORITY BU	SINESS STATUS	
Check Certification Type: Certification#:	African AmericanAmerican IndianAsian American	☐ Hispanic American☐ Pacific Island American	Service Disabled VeteranWoman Owned
	CONFIRMATION C	OF REDACTED COPY	
NO, a redacted co submission will be Note: If a redacted	d copy is not provided with the pack	. I understand that, if request et, and neither box is checked,	a copy of the non-redacted
	he exception of financial data (othei rkansas Freedom of Information Act		ed in response to any request
		ACKNOWLEDGEMENT	
and certifies that the contract. The Prospective of the energy, for Agreement that industries. The Prospective If selected, the Iduring the aggreement own or hold subcontractor to the An official authorized to birthat any exception in confisubmission.	submitting a response to this Solidat they do not boycott Israel and, it is supplier acknowledges, agrees, a fossil fuel, firearms and ammunition it will not engage in a boycott of a Supplier agrees and certifies that Prospective Supplier certifies that regate term of a contract. It is supplier certifies that the governable but the governable or hold a majority interest of the Prospective Supplier to a resultary flict with a solicitation requirement or	if selected, will not do so during and certifies that it is not cur on industries and agrees for it the energy, fossil fuel, firearm they do not employ or continued they will not employ or continuent of the People's Republic in the bidder. Bidder furthe a parent company, subsidiary at contract must sign below. The set a Solicitation Standard Term and	rently engaged in a boycott the duration of this ms or ammunition ract with illegal immigrants. ract with illegal immigrants lic of China ("PRC") does not r certifies that the PRC does or affiliate of bidder, or in a ignature signifies the agreement d Condition will disqualify this
Authorized Signature:	Use Ink Only.	Title:	
Printed/Typed Name:	<u> </u>	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 <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.

С	ONFIRMATION	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 NA	ME	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:

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:	

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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

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 □ Services □ Both Physical Address:______ ______ 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: What is the person(s) name and how Name of Job are they related to you? Position Held Mark (V) For How Long? [i.e., Jane Q. Public, spouse, John Q. [senator, **Position Held** representative, Public, Jr., child, etc.] name of board/ From Person's Current Former commission, data Relation MM/YY MM/YY Name(s) entry, etc.1 **General Assembly** Constitutional Officer State Board or **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. What is the person(s) name and how Name of Job are they related to you? Position Held Mark (√) For How Long? [i.e., Jane Q. Public, spouse, John Q. [senator, Position Held Public, Jr., child, etc.] representative, name of board/ Person's From Relation Current Former commission, data MM/YY MM/YY Name(s) entry, etc.1 **General Assembly** Constitutional Officer State Board or **Commission Member** П State Employee □ 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 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 #:	