



ARKANSAS SCHOOL
FOR MATH, SCIENCES, + THE ARTS

200 Whittington Ave, Hot Springs National Park, AR 71901 | (O) 501.622.5106

Technical Response Packet

ASMSA FB-26-002

Alumni Hall & New Charter Field

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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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
- Recommended Options Form, if applicable
- Information for Evaluation
 - Experience (**10** pages or less)
 - Solution (**10** pages or less)
- 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
- Completed Pricing Response, sealed separately

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.
- Combined Certifications Form

Solicitation Signature Page

PROSPECTIVE SUPPLIER INFORMATION

Company Name:			
Contact Name:			Title:
Address:			
City:	State:	ZIP Code:	
Phone Number:	Fax Number:		
E-Mail Address:			
Business Designation (check one):	<ul style="list-style-type: none">• Individual• Partnership	<ul style="list-style-type: none">• Sole Proprietorship• Corporation	<ul style="list-style-type: none">• Public Service Corp• Government/ Nonprofit

MINORITY BUSINESS STATUS

Check Certification Type:	<ul style="list-style-type: none">• African American• American Indian• Asian American	<ul style="list-style-type: none">• Hispanic American• Pacific Island American	<ul style="list-style-type: none">• Service Disabled Veteran• 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).*

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:** _____

Printed/Typed Name: _____ **Date:** _____



Department of Transformation and Shared Services

Governor Sarah Huckabee Sanders

Secretary Leslie Fiskien

COMBINED CERTIFICATIONS FOR CONTRACTING WITH THE STATE OF ARKANSAS

Pursuant to Arkansas law, a vendor must certify as specified below and as designated by the applicable laws.

1. **Israel Boycott Restriction:** For contracts valued at \$1,000 or greater.
A public entity shall not contract with a person or company (the "Contractor") unless the Contractor certifies in writing that the Contractor is not currently engaged in a boycott of Israel. If at any time after signing this certification the Contractor decides to boycott Israel, the Contractor must notify the contracting public entity in writing. See Arkansas Code Annotated § 25-1-503.
2. **Illegal Immigrant Restriction:** For contracts valued at \$25,000 or greater.
No state agency may contract for services with a Contractor who knowingly employs or contracts with an illegal immigrant. The Contractor shall certify that it does not knowingly employ, or contract with, illegal immigrants. See Arkansas Code Annotated § 19-11-105.
3. **Energy, Fossil Fuel, Firearms, and Ammunition Industries Boycott Restriction:** For contracts valued at \$75,000 or greater.
A public entity shall not contract unless the contract includes a written certification that the Contractor is not currently engaged in and agrees not to engage in, a boycott of an Energy, Fossil Fuel, Firearms, or Ammunition Industry for the duration of the contract. See Arkansas Code Annotated § 25-1-1102.
4. **Scrutinized Company Restriction:** Required with bid or proposal submission.
A state agency shall not contract with a Scrutinized Company or a company that employs a Scrutinized Company as a subcontractor. A Scrutinized Company is a company owned in whole or with a majority ownership by the government of the People's Republic of China. A state agency shall require a company that submits a bid or proposal for a contract to certify that it is not a Scrutinized Company and does not employ a Scrutinized Company as a subcontractor. See Arkansas Code Annotated § 25-1-1203.

By signing this form, the Contractor agrees and certifies they are not a Scrutinized Company and they do not currently and shall not for the aggregate term of any resultant contract:

- Boycott Israel.
- Knowingly employ or contract with illegal immigrants.
- Boycott Energy, Fossil Fuel, Firearms, or Ammunition Industries.
- Employ a Scrutinized Company as a subcontractor.

Contract Number: _____ Description: _____

Agency Name: _____

Vendor Number: _____ Vendor Name: _____

Vendor Signature

Date

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 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 the Arkansas School for Mathematics, Sciences, and the Arts.

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: _____

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 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, 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:

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

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

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

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

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

☐ Prospective Contractor does not offer optional recommended services.