



Procurement Services

University of Arkansas at Little Rock

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UA Little Rock

Invitation for Bid Response Packet

FB-26-009 Microwave STL Link

CAUTION TO SUPPLIER:

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

Table of Contents

Solicitation Signature Page	3
Prospective Supplier Checklist	4
Required Submission Documents	4
Proposed Subcontractors Form	5
Exceptions Form	6
References Form	7
Official Bid Price Sheet	8
Contract and Grant Disclosure and Certification Form	10

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).*

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 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 or ammunition industries.
- 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 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.

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.
- 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 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

Exceptions Form

Prospective Supplier **shall** document all requested exceptions to requirements outlined in FB-26-009 for a Microwave STL Link and Standard Solicitation Terms and Conditions.

REFERENCE (SECTION, PAGE, PARAGRAPH)	DESCRIPTION	PROPOSED LANGUAGE

Supplier References

Respondents must provide a minimum of three (3) references, preferably in higher education and for post implementation of Workday services.

UA Little Rock reserves the right to contact any references provided to evaluate the level of performance and customer satisfaction

Supplier submits the following references.

Type or Print the following information

Reference 1:

- Organization Name:
- Address:
- Name of Contact:
- Phone Number:
- Email Address:

Reference 2:

- Organization Name:
- Address:
- Name of Contact:
- Phone Number:
- Email Address:

Reference 3:

- Organization Name:
- Address:
- Name of Contact:
- Phone Number:
- Email Address:



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 **2.1 Specifications**.

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	SHIPPING DAYS	QUANTITY	UNIT OF MEASURE	UNIT PRICE	EXTENDED AMOUNT
1	GatesAir IX-HDL-950-IP		4	Each		
2	GatesAir IX-HDL-950-MAC		2	Each		
3	GatesAir IX-IPL200N-DPKG		2	Each		
4	mWave P-9A48GN-U		2	Each		
5	CommScope LDF4-50A		400	Each		
6	CommScope L4NF-F		5	Each		
7	CommScope L4NM-F		5	Each		
8	CommScope L4SGRIP		2	Each		
9	CommScope 241088-1		10	Each		
10	Polyphaser IS-B50LN-C2		2	Each		
11	Warranty (if offered), detail below:		1	Each		
12	Service/Maintenance (if offered), detail below:		1	Each		
13	Shipping/Handling/Freight		1	Each		
14	Other Fees, detail below:		1	Each		
TOTAL COST						

For additional shipping options and prices, complete the table below.

ITEM	DESCRIPTION	SHIPPING DAYS	QTY	U/M	UNIT PRICE	EXTENDED AMOUNT
1						
2						
3						
4						
5						
TOTAL COST						

Proposed alternate delivery date: _____

Benefit to UA Little Rock/State of Arkansas:

Authorized Signature: _____

Use Ink Only.

Title: _____

Printed/Typed Name: _____

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 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: _____