



## **Procurement Services**

University of Arkansas at Little Rock

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2801 S. University Ave., Little Rock, AR 72204-1099 | (O) 501.916.3144 | (F) 501.916.3425

***UA Little Rock***  
***Technical Response Packet***  
***FB-26-011***  
***Arkansas News Collaborative***  
***Contract Digital Producer***

**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 (2 pages or less)
  - Solution (2 pages or less)
  - Risk (2 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.
- Bids over \$20,000:** Completed Contract Grant and Disclosure Form (EO 98-04).

# 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):  
 Individual       Sole Proprietorship       Public Service Corp  
 Partnership       Corporation       Government/ Nonprofit

## MINORITY BUSINESS STATUS

Check Certification Type:       African American       Hispanic American       Service Disabled Veteran  
    American Indian       Pacific Island American       Woman Owned

Certification#: \_\_\_\_\_  Asian American

## 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: \_\_\_\_\_

# Certification for Boycott, Illegal Immigrant, Energy, and Chinese Government Restrictions

Pursuant to Arkansas law, a supplier must submit the below certifications prior to entering into a contract with a public entity for an amount as designated by the applicable laws.

**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.

**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.

**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.

**Scrutinized Companies 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 that it does not, and shall not for the remaining aggregate term of the contract, participate in the activities checked below:

- Do not boycott Israel.
- Do not employ illegal immigrants.
- Do not boycott Energy, Fossil Fuel, Firearms, or Ammunition Industries.
- Is not 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.

**Authorized Signature:** \_\_\_\_\_ **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 <small>[senator, representative, name of board/ commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and how are they related to you? <small>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]</small>	
	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 <small>[senator, representative, name of board/ commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and how are they related to you? <small>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]</small>	
	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: _____



## 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:**

<b>Item Description</b>	
<b>How will this add value?</b>	
<b>Schedule Impact:</b>	
<b>Cost Details:</b>	

<b>Item Description</b>	
<b>How will this add value?</b>	
<b>Schedule Impact:</b>	
<b>Cost Details:</b>	

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<b>Schedule Impact:</b>	
<b>Cost Details:</b>	

<b>Item Description</b>	
<b>How will this add value?</b>	
<b>Schedule Impact:</b>	
<b>Cost Details:</b>	

Prospective Contractor does not offer optional recommended services.

# Information For Evaluation Instructions

The Information for Evaluation section has been divided into **four sections**. Each subsection has a maximum point value of ten (10) and is weighted according to its significance as determined by the university.

## A. Experience

Differentiate yourself or your company based on experience, technical capability, and understanding of the university's specific needs.

1. Identify expertise in the form of a claim and provide relevant experience to support each claim.
2. Include verifiable metrics (number of accounts, size of accounts, years of experience, customer satisfaction ratings) to support each claim.

## B. Solution

Differentiate yourself or your company based on their proposed solution and/or approach to solving the university's specific needs.

1. Provide a non-technical, high-level overview of the proposed solution and/or approach to services using the requirements outlined in the solicitation.
2. Include recommendations for meeting the objectives and requirements of the solicitation.
  - a. Additional service options and recommendations above and beyond those included in the proposed solution should be included in the Recommended Options Form.

## C. Risk

1. Identify and prioritize major risks, in simple, clear, and non-technical terms, that could potentially prevent or impair your or the company's delivery of the solution as offered in the proposal or otherwise fail to meet the university's desired outcome, specifications, and performance standards.

- a. Include sources, causes, or actions within and beyond your or the company's control that may cause cost increases, delays, amendments, or dissatisfaction with the university.
- b. Use the documented performance cell to explain your ability to address risks, including information such as how many times any identified risk was previously mitigated and the impact on performance in terms of time, cost, and client satisfaction. Outline strategies for mitigation, management, and minimization for each risk listed risk.

## D. Interview

Top-scoring respondents will be contacted for interviews. Evaluators will score interviews individually, with final scores discussed in a consensus meeting. Final scores are averaged to determine the rank of each proposal.

The final individual scores of the Evaluators will be recorded on the Overall Score Sheet and averaged to determine the group or consensus score and rank for each proposal.



## Information For Evaluation- Experience

Using this template, prospective respondents should provide the prospective respondent’s experience and capabilities to meet the solicitation requirements. The information provided should be prioritized beginning with the most important and/or relevant experience listed first.

Prospective respondents may expand the space in each table, add a table, or delete a table as needed, but prospective respondents shall not exceed the two-page limit for this subsection. See the solicitation for more information about this subsection.

**Prospective respondents shall not include any identifiers, including without limitation names of staff members, projects, products, and addresses on the Information for Evaluation – Experience document.**

Prospective Contractors may delete the instructions above and example shown below.

**Example:**

<b>Claim of Expertise:</b>	<i>We have a significant amount of experience in providing P-Card and T-Card services to State governments, and consistently delivery high performance.</i>
<b>Documented Performance:</b>	<i>We currently have 10 similar services, with an average rebate to the client of 5% and the average customer satisfaction rating on these services is currently a 9.8 out of 10.</i>
<b>Claim of Expertise:</b>	
<b>Documented Performance:</b>	
<b>Claim of Expertise:</b>	
<b>Documented Performance:</b>	
<b>Claim of Expertise:</b>	
<b>Documented Performance:</b>	

## Information For Evaluation- Solution

Using this template, prospective respondents should include a narrative to address, and provide a high-level overview of the solution and/or approach proposed using, the requirements outlined in the solicitation.

Prospective respondents **shall not** exceed the two-page limit for this subsection. See the solicitation for more information about this subsection.

**Prospective respondents shall not include the prospective respondent's name or any other identifiers, including without limitation names of staff members, projects, products, and addresses on the *Information for Evaluation - Solution* document.**

Prospective respondents may delete the instructions above.

# Information For Evaluation- Risk

Using this template, prospective respondents should identify and prioritize major risks that they reasonably foresee could potentially prevent or impair the prospective respondent’s delivery of the solution as offered in the proposal or to otherwise fail to meet the university’s desired outcome, specifications, and performance standards, and how they will mitigate, manage, and/or minimize each risk listed.

Prospective respondents may expand the space in each table, add a table, or delete a table as needed, but prospective respondents **shall not** exceed the two-page limit for this subsection. See the solicitation for more information about this subsection.

**Prospective respondents shall not include the prospective respondent’s name or any other identifiers, including without limitation names of staff members, projects, products, and addresses on the *Information for Evaluation – Risk* document.**

Prospective respondents may delete the instructions above and the example shown below.

**Risk Example:**

<b>Risk Description:</b>	<i>Participating Entity does not understand how to use the Commercial Card Program.</i>
<b>Solution:</b>	<i>A full-time training group will hold education meetings at all Participating Entity locations twice a year throughout the length of the contract.</i>
<b>Documented Performance:</b>	<i>This risk mitigation has been used on the last 4 clients and has received a 10/10 satisfaction rating. These four clients have reported 0 complaints from their constituents regarding the usage of their commercial card program.</i>
<b>Risk Description:</b>	
<b>Solution:</b>	
<b>Documented Performance:</b>	
<b>Risk Description:</b>	
<b>Solution:</b>	
<b>Documented Performance:</b>	