

***RESPONSE PACKET***  
***710-19-1009***

# RESPONSE SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:			
Address:			
City:		State:	Zip Code:
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit		
Minority and Women Owned Designation*:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American		
	AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>		
PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for solicitation related matters.</i>			
Contact Person:		Title:	
Phone:		Alternate Phone:	
Email:			
CONFIRMATION OF REDACTED COPY			
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.  <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Solicitation Terms and Conditions for additional information.</i>			
ILLEGAL IMMIGRANT CONFIRMATION			
By signing and submitting a response to this <i>Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants and <b>shall not</b> employ or contract with illegal immigrants during the term of a contract awarded as a result of this solicitation.			
ISRAEL BOYCOTT RESTRICTION CONFIRMATION			
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel and <b>shall not</b> boycott Israel during the term of a contract awarded as a result of this solicitation.			
<input type="checkbox"/> Prospective Contractor does not and <b>shall not</b> boycott Israel.			

**An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.**

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Solicitation* may cause the Prospective Contractor's response to be rejected.

**Authorized Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Printed/Typed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# PROPOSED SUBCONTRACTORS FORM

• **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

**PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.**

*Type or Print the following information*

Subcontractor's Company Name	Street Address	City, State, ZIP

**PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

# VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: \_\_\_\_\_

*Use Ink Only.*

Printed/Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_

# SPECIALTY SERVICES AND POPULATIONS

- Provide a response and check ear area of expertise of interest.
- Do NOT include additional information if not pertinent to the itemized request. Please return with your response packet.

## Specialty Services List (Must provide certification of documents of specialized training)

- Trauma Focused Cognitive Behavioral Therapy
- Substance Use Disorders Counseling
- Motivational Interviewing
- Acceptance and Commitment Therapy (ACT)
- Parent-Child Interaction Therapy (PCIT)
- Child Parent Psychotherapy (CPP)
- Eye Movement Desensitization Reprocessing (EMDR)
- Dialectical Behavior Therapy (DBT)
- Other: Describe and provide documentation of certification

## Specialty Populations:

- Under four (4) years of age
- Child four (4) through twelve (12) years of age
- Youth twelve (12) through eighteen (18) years of age
- Adult eighteen (18) through fifty-four (54) years of age
- Adult fifty-five years of age and older
- Families
- Chronically Mentally Ill
- Co-Occurring Behavioral Health and Developmental Disability/Intellectual Disability (DD/ID)
- Co-Occurring Behavioral Health and Substance Use Disorder (SUD)
- DHS Division of Children and Family Services (DCFS): provided in the home, upon request
- DHS Division of Youth Services (DYS): provided in the home or DYS facility, upon request

# SERVICE AREAS

Please check off counties in which you are willing to provide the services and return with your response packet.

Arkansas	
Ashley	
Baxter	
Benton	
Boone	
Bradley	
Calhoun	
Carroll	
Chicot	
Clark	
Clay	
Cleburne	
Cleveland	
Columbia	
Conway	
Craighead	
Crawford	
Crittenden	
Cross	
Dallas	
Desha	
Drew	
Faulkner	
Franklin	
Fulton	

Garland	
Grant	
Greene	
Hempstead	
Hot Spring	
Howard	
Independence	
Izard	
Jackson	
Jefferson	
Johnson	
Lafayette	
Lawrence	
Lee	
Lincoln	
Little River	
Logan	
Lonoke	
Madison	
Marion	
Miller	
Mississippi	
Monroe	
Montgomery	
Nevada	

Newton	
Ouachita	
Perry	
Phillips	
Pike	
Poinsett	
Polk	
Pope	
Prairie	
Pulaski	
Randolph	
Saline	
Scott	
Searcy	
Sebastian	
Sevier	
Sharp	
St. Francis	
Stone	
Union	
Van Buren	
Washington	
White	
Woodruff	
Yell	

All counties (Statewide)	
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