

***BID RESPONSE PACKET***  
***710-19-1042***

# BID 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"/> Asian American	<input type="checkbox"/> Service Disabled Veteran
	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Women-Owned
	AR Certification #: _____		* See <i>Minority and Women-Owned Business Policy</i>	

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid 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 Bid Solicitation for additional information.</i>

ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.
<input type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

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

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* **will cause the Prospective Contractor's bid to be disqualified:**

**Authorized Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
*Use Ink Only.*

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

## **SECTION 1 - 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.

<b>Vendor Name:</b>		<b>Date:</b>	
<b>Signature:</b>		<b>Title:</b>	
<b>Printed Name:</b>			

## **SECTION 2 - 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.

<b>Vendor Name:</b>		<b>Date:</b>	
<b>Signature:</b>		<b>Title:</b>	
<b>Printed Name:</b>			

## **SECTION 3 - VENDOR AGREEMENT AND COMPLIANCE**

- *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.

<b>Vendor Name:</b>		<b>Date:</b>	
<b>Signature:</b>		<b>Title:</b>	
<b>Printed Name:</b>			

## **SECTION 4 - VENDOR AGREEMENT AND COMPLIANCE**

- *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.

<b>Vendor Name:</b>		<b>Date:</b>	
<b>Signature:</b>		<b>Title:</b>	
<b>Printed Name:</b>			



**OFFICIAL BID PRICE SHEET**

DESCRIPTION	DESCRIPTION	DESCRIPTION
<b>Conway HDC</b> Rate for Over-the Counter (OTC) medication, including blister pack where appropriate: ____% off NADAC* price.	<b>Conway HDC</b> Rate for prescription medication not covered by Medicaid, including blister pack where appropriate: ____% off NADAC* price.	<b>Conway HDC</b> Hourly rate for onsite pharmacist: \$ _____
<b>Arkadelphia HDC</b> Rate for Over-the Counter (OTC) medication, including blister pack where appropriate: ____% off NADAC* price.	<b>Arkadelphia HDC</b> Rate for prescription medication not covered by Medicaid, including blister pack where appropriate: ____% off NADAC* price.	<b>Arkadelphia HDC</b> Hourly rate for onsite pharmacist: \$ _____
<b>Jonesboro HDC</b> Rate for Over-the Counter (OTC) medication, including blister pack where appropriate: ____% off NADAC* price.	<b>Jonesboro HDC</b> Rate for prescription medication not covered by Medicaid, including blister pack where appropriate: ____% off NADAC* price.	<b>Jonesboro HDC</b> Hourly rate for onsite pharmacist: \$ _____
<b>Booneville HDC</b> Rate for Over-the Counter (OTC) medication, including blister pack where appropriate: ____% off NADAC* price.	<b>Booneville HDC</b> Rate for prescription medication not covered by Medicaid, including blister pack where appropriate: ____% off NADAC* price.	<b>Booneville HDC</b> Hourly rate for onsite pharmacist: \$ _____
<b>Warren HDC</b> Rate for Over-the Counter (OTC) medication, including blister pack where appropriate: ____% off NADAC* price.	<b>Warren HDC</b> Rate for prescription medication not covered by Medicaid, including blister pack where appropriate: ____% off NADAC* price.	<b>Warren HDC</b> Hourly rate for onsite pharmacist: \$ _____
<b>TOTAL AVERAGE % off NADAC Price: _____ %</b>	<b>TOTAL AVERAGE % off NADAC Price: _____ %</b>	<b>TOTAL PHARMACIST RATE - \$ _____</b>

**NADAC "Updated" date: \_\_\_\_\_ (Found on NADAC website) Vendor must include date of NADAC price check.**

\*NADAC = National Average Drug Acquisition Cost, found at <https://data.medicaid.gov/Drug-Pricing-and-Payment/NADAC-National-Average-Drug-Acquisition-Cost-/a4y5-998d>

**AUTHORIZATION SIGNATURE**

By my signature below, I certify that the aforementioned statements are true and correct and that I accept the Terms and Conditions as presented in this bid, and that I am authorized by the respondent to submit this bid on his/her behalf.

<b>Vendor Name:</b>	<b>Date:</b>
<b>Signature:</b>	<b>Title:</b>
<b>Printed Name:</b>	