BID RESPONSE PACKET

710-22-0033

BID SIGNATURE PAGE

Type or Print the following information.

Type of Trine the	DROCEDECI		ACTORIC INFORM	ATION		
	PROSPECT	IVE CONTR	ACTOR'S INFORM	ATION		
Company:						
Address:						
City:			State:		Zip Code:	
Business Designation:	☐ Individual☐ Partnership		☐ Sole Proprietorship☐ Corporation☐ Public Service Co☐ Nonprofit		vice Corp	
Minority and Women-Owned Designation*:	 □ Not Applicable □ American Indian □ Service Disabled Veteran □ Women-Owned □ Asian American □ Pacific Islander American AR Certification #: * See Minority and Women-Owned Business P 					
	PROSPECTIVE Provide contact inform		OR CONTACT INFO			
Contact Person:			Title:			
Phone:			Alternate Phone:			
Email:						
	CONF	IRMATION C	OF REDACTED COF	PΥ		
submission de Note:If a redacte packet, and data (other	ed copy of submission do ocuments will be released ed copy of the submission of neither box is checked, or than pricing), will be releation Act (FOIA). See Bid	d if requested if requested a documents a copy of the eased in resp	d. is not provided with e non-redacted docu onse to any request	Prospection Prospection Prospection ments, with ments and ments an	ve Contracto	or's response tion of financia
	ILLEG	AL IMMIGRA	ANT CONFIRMATION)N		
they do not emp	submitting a response to to loy or contract with illegal or contract with illegal imn	immigrants.	If selected, the Pro-	spective C	Contractor ce	
	ISRAEL BO	YCOTT RES	TRICTION CONFIR	MATION		
selected, will not	box below, a Prospective boycott Israel during the Contractor does not and w	aggregate te	erm of the contract.	that they o	do not boyco	tt Israel, and if
	rized to bind the Prosp				•	
	ow signifies agreement the course the Prospective Co				iirement of th	nis <i>Bid</i>
Authorized Signature:			Title:			
Printed/Typed Na	Printed/Typed Name:			:		

SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE

Any requested exceptions to items in this sec this page. Vendor must clearly explain the r solicitation item number to which the exception	ection which are <u>NON-mandatory</u> must be declared below or as an attachment requested exception and should label the request to reference the specific ion applies.
Exceptions to Requirements shall cause the	e vendor's proposal to be disqualified.
signature below, vendor agrees to and shall	fully comply with all requirements as shown in the bid solicitation.
/endor Name:	Date:
Signature:	Title:
Printed Name:	<u> </u>

DOCUMENTATION CHECKLIST

As outlined in section 2.2 Minimum Qualifications in the solicitation document, please provide the following:

- Official documentation of active registration from the Arkansas Secretary of State's Office
- · Copy of current Arkansas medical licensure
- · Certification, agreement, or statement of privileges to practice in a hospital located in Conway
- Three (3) references that can attest to the bidder's years of experience providing physician services to
 developmentally disabled individuals. References must not be from current DHS employees. Each reference must
 include the following without limitation: the reference's full name, professional title, current phone number, mailing
 address, and email address.
- Official Bid Price Sheet
- · All documents provided in the bid response packet
- EO 98-04 Disclosure Form (Attachment A)
- Copy of Vendor's Equal Opportunity Policy