BID RESPONSE PACKET 710-22-0033R

BID SIGNATURE PAGE

Type or Print the following information.

Type of Trine tire	PROSPECT		ACTOR'S INFORM	ATION		
0	PROSPECT	IVE CONTR	ACTOR 3 INFORM	ATION		
Company:						
Address:						
City:			State:		Zip Code:	
Business Designation:	☐ Individual☐ Partnership	☐ Sole Proprietorship☐ Corporation			☐ Public Service Corp☐ Nonprofit	
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 Policy					
	PROSPECTIVE Provide contact inform		OR CONTACT INFO			
Contact Person:	Trovide deritati imerim		Title:	, rolated	manoro.	
Phone:			Alternate Phone:			
Email:			, memato i mone.			
	CONT	IDMATION O	OF REDACTED COI	D)/		
□ NO, a redacte submission de Note:If a redacte packet, and data (other	ed copy of submission do code copy of submission do comments will be released and copy of the submission dependent of the copy of the submission of neither box is checked, than pricing), will be reletion Act (FOIA). See Bid	cuments is not if requested if requested a documents a copy of the eased in responsibility.	ot enclosed. I under I. is not provided with e non-redacted docu onse to any request	Prospection Prospection Promede und Promedia in the promedia in the prospection in the promedia in the prospection in the promedia in the prospection in the prospect	ve Contracto th the excep	or's response tion of financia
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	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
An official autho	rized to bind the Prosp	ective Contr	actor to a resultan	t contract	t must sign	below.
The signature bel	ow signifies agreement the suse the Prospective Co	nat any excep	otion that conflicts w	ith a Requ		
Authorized Signa	ature:		Title:			
	ame:					

SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE

this	requested exceptions to items in this page. Vendor must clearly explain t itation item number to which the exc	the requested exception and should I	must be declared below or as an attachment to label the request to reference the specific
Exc	eptions to Requirements shall cause	e the vendor's proposal to be disquali	ified.
By signature	e below, vendor agrees to and s h	nall fully comply with all requirement	ents as shown in the bid solicitation.
Vendor	Name:		Date:
Signatui			Title:
Printed			

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