BID RESPONSE PACKET 710-23-0003R

BID SIGNATURE PAGE

Type or Print the following information

Type of I fill the	ioliowing information.					
	PROSPECT	IVE CONTR	ACTOR'S INFORM	ATION		
Company:						
Address:						
City:			State:		Zip Code:	
Business Designation:	□ Individual □ Sole Proprietorship □ Public Service Corp □ Partnership □ Corporation □ Nonprofit					rice Corp
Minority and	□ Not Applicable □ American Indian □ Service Disabled Veteran					
Women-Owned	☐ African American ☐ Hispanic American ☐ Women-Owned					
Designation*:	☐ Asian American	☐ Pacific Islander American				
	AR Certification #:		* See Minority	and Wome	en-Owned B	usiness Policy
PROSPECTIVE CONTRACTOR CONTACT INFORMATION Provide contact information to be used for bid solicitation related matters.						
Contact Person:			Title:			
Phone:			Alternate Phone:			
Email:						
	CONF	IRMATION C	F REDACTED COI	PΥ		
submission de Note:If a redacte packet, and data (other	ed copy of submission door coments will be released to copy of the submission of neither box is checked, at than pricing), will be reletion Act (FOIA). See Bid.	I if requested of documents a copy of the ased in respo	l. is not provided with e non-redacted docu onse to any request	Prospecti ments, wi made und	ve Contracto th the excep	or's response tion of financia
	ILLEG	AL IMMIGRA	ANT CONFIRMATION	ON		
they do not emp	submitting a response to t loy or contract with illegal or contract with illegal imm	immigrants.	If selected, the Pro	spective (Contractor ce	
	ISRAEL BOY	COTT 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 i
- 1 Toopcouve C	John dolor does not and w	- In the boyes	it israoi.			
An official autho	rized to bind the Prospe	ective Contr	actor to a resultan	t contract	t must sign	below.
	ow signifies agreement thause the Prospective Co				irement of th	nis <i>Bid</i>
Authorized Signature: Title:						
Printed/Typed Name:			Date:			

SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE

this	y requested exceptions to items in this section s page. Vendor must clearly explain the reque icitation item number to which the exception a	n which are <u>NON-mandatory</u> must be declared below or as ested exception and should label the request to reference applies.	s an attachment to the specific
Exc	ceptions to Requirements shall cause the ven	ndor's proposal to be disqualified.	
3v signatui	re below vendor agrees to and shall fully	comply with all requirements as shown in the bid so	licitation
Vendor	Name:	Date:	
Signatu	ire:	Title:	
Printed	Name:		
	1		

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

Street Address	City, State, ZIP	
	Street Address	

☐ PROSPECTIVE CONTRACTOR DOES NOT PROPO	SE TO USE
SUBCONTRACTORS TO PERFORM SERVICES.	

DOCUMENTATION CHECKLIST

As outlined in section 2.3 Minimum Qualifications in the solicitation document, please provide the following:

- Active registration from the Arkansas Secretary of State's Office
- Copy of current Arkansas medical licensure
- · Certification of privileges to practice in a hospital located in Conway, AR
- Three (3) references
- Official Bid Price Sheet
- All documents provided in the bid response packet
- Copy of Vendor's Equal Opportunity Policy
- Signed Addenda, if applicable
- EO 98-04 Disclosure Form (Attachment A)