# BID RESPONSE PACKET 710-24-010

### **BID SIGNATURE PAGE**

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION						
Company:						
Address:						
City:			State:		Zip Code:	
Business Designation:	☐ Individual ☐ Partnership	☐ Sole ☐ Corp	Proprietorship oration		Public Service Corp Nonprofit	
NA:	☐ Not Applicable	☐ America	n Indian	Service-Dis	abled Veteran	
Minority and Women-Owned	☐ African American ☐ Hispanic American ☐ Women-Owned					
Designation*:	☐ Asian American	☐ Asian American ☐ Pacific Islander American				
	AR Certification #:		* See Minority a	nd Women	Owned Business Policy	
			OR CONTACT INFO sed for bid solicitation		tters.	
Contact Person:	Contact Person: Title:					
Phone:			Alternate Phone:			
Email:						
	COI	NFIRMATION C	F REDACTED COPY	<b>(</b>		
<ul> <li>□ 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.</li> <li>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.</li> </ul>						
	ILLI	EGAL IMMIGRA	ANT CONFIRMATION	1		
employ or contract		selected, Prosp	pective Contractor cer		and certifies that it does not will not employ or contract	
	ISRAEL B	OYCOTT RES	TRICTION CONFIRM	ATION		
not boycott Israel	ox below, Prospective Cor during the aggregate term ontractor does not and will	of the contract.		es not boyo	ott Israel, and if selected, will	
	ized to bind Prospective			_		
	w signifies agreement that e Contractor's bid to be o		hat conflicts with a Re	equirement	of this <i>Bid Solicitation</i> <b>will</b>	
Authorized Signat	ure:		Title:			
Printed/Typed Nar	ne:		Date:			

## **SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE**

thi	ny requested exc is page. Vendo licitation item nu	r <b>must</b> clearly	explain the	e requested	nre <u>NON-ma</u> I exception	<u>andatory</u> <b>must</b> k and should lab	be declared below bel the request to	v or as an attacl reference the	hment to specific
• Ex	ceptions to Req	uirements <b>shal</b>	I cause the	vendor's pro	posal to be	disqualified.			
By signatu	ire below, vend	lor agrees to a	and <b>shall</b> f	ully comply	with all red	quirements as	shown in the bi	id solicitation.	
Vendor	· Name:					Date:	:		
Signatu	ure:					Title:			
Printed	l Name:								
	,								

#### 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 U	SE
SUBCONTRACTORS TO PERFORM SERVICES.	

## **SECTION 2.3 MINIMUM QUALIFICATIONS**

Please select one (1) of the following:		
☐ Completed Structured Analysis Family Evaluation (SA If the prospective Contractor has completed the SAFE certificate(s) with bid submission.	· ·	ust submit
☐ Have <b>NOT</b> completed the Structured Analysis Family	Evaluation (SAFE) training.	
If the Prospective Contractor has not completed the Satraining within thirty (30) business days of the contract		olete the
By signature below, vendor agrees to and <b>shall</b> fully comply wit	h all requirements as shown in the bid solid	citation.
Vendor Name:	Date:	
Signature:	Title:	
Printed Name:		

## **SERVICE AREA(S)**

Plea	ase select each area in which you can provide services (Refer to Attachment J DCFS Area Map).
	Area 1
	Area 2
	Area 3
	Area 4
	Area 5
	Area 6
	Area 7
	Area 8
	Area 9
	Area 10

#### **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, or other state approved documentation
- Copy of social work licenses for all staff identified to execute the scope of work
- · Resumes for all staff identified to execute the scope of work
- SAFE Training certificate (if applicable)
- Official Bid Price Sheet
- Organizational chart
- 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)