# BID RESPONSE PACKET 710-24-059

### **BID SIGNATURE PAGE**

Type or Print the following information.

Company:  Address:  City:	PROSPECTIVE CONTRACTOR'S INFORMATION						
State:   Zip Code:	Company:						
Business Designation:   Partnership   Corporation   Nonprofit	Address:						
Partnership	City:			State:		Zip Code:	
African American							ce Corp
Designation*:  Asian American AR Certification #:  * See Minority and Women-Owned Business Policy  PROSPECTIVE CONTRACTOR CONTACT INFORMATION Provide contact information to be used for bid solicitation related matters.  Contact Person:  Title:    hone:   Alternate Phone:							
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Authorized Signature: Title: Date:	The signature belov	w signifies agreement that	any exception		•		licitation <b>will</b>
Printed/Typed Name: Date: Date:	Authorized Signat	ure:		Title:			
	Printed/Typed Nar	Printed/Typed Name: Date:					

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

this	y requested exceptions to items in thi s page. Vendor <b>must</b> clearly explain t icitation item number to which the exc	the requested exception and should i	<u>or must</u> be declared below or as an attachment to label the request to reference the specific
Exc	ceptions to Requirements <b>shall</b> cause	e Vendor's proposal to be disqualifie	d.
By signatur	re below, vendor agrees to and <b>s</b> h	hall fully comply with all requirem	nents as shown in the bid solicitation.
Vendor	Nama		Date:
			Date.
Signatu	re:		Title:
Printed	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 PROPO	SE TO USE
SUBCONTRACTORS TO PERFORM SERVICES.	

#### **VENDOR CONTACT INFORMATION**

• Provide primary and secondary contact information to be used by DHS during maintenance and administration of the resulting contract.

	Primary Contract	Secondary Contract
Name		
Title		
Phone		
Email		

#### **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
- Attachment I Client History From
- Sample solicitation
- 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 Contract and Grant Disclosure Form (Attachment A)
- Certifications and Restrictions (*Attachment H*)