

***BID RESPONSE PACKET***  
***710-25-009***

# BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:				
Address:				
City:		State:		Zip Code:
Business Designation:	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Individual  <input type="checkbox"/> Partnership                 </div> <div> <input type="checkbox"/> Sole Proprietorship  <input type="checkbox"/> Corporation                 </div> <div> <input type="checkbox"/> Public Service Corp  <input type="checkbox"/> Nonprofit                 </div> </div>			
Minority and Women-Owned Designation*:	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Not Applicable  <input type="checkbox"/> African American  <input type="checkbox"/> Asian American                 </div> <div> <input type="checkbox"/> American Indian  <input type="checkbox"/> Hispanic American  <input type="checkbox"/> Pacific Islander American                 </div> <div> <input type="checkbox"/> Service Disabled Veteran  <input type="checkbox"/> Women-Owned                 </div> </div>			
AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>				
PROSPECTIVE CONTRACTOR CONTACT INFORMATION				
<i>Provide contact information to be used for bid solicitation related matters.</i>				
Contact Person:		Title:		
Phone:		Alternate Phone:		
Email:				
CONFIRMATION OF REDACTED COPY				
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> 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.  <i>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.</i>				
COMBINED CERTIFICATIONS FORM				
Prospective Contractor has included, in this submission packet, the signed Attachment <a href="#">H</a> -Combined Certifications for Contracting with the State of Arkansas.				

**An official authorized to bind the Prospective Contractor to a resultant contract must sign below.**

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* **will cause the Prospective Contractor's bid to be disqualified:**

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed/Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all requirements as shown in the bid solicitation.

<b>Vendor Name:</b>		<b>Date:</b>	
<b>Signature:</b>		<b>Title:</b>	
<b>Printed Name:</b>			

## **2.3 MINIMUM QUALIFICATION**

- As required in Section 2.3.B of the solicitation, please enter your Arkansas Medicaid number in the space below.

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## 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 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, or other state approved documentation
- Copy of Licensure by the Arkansas Department of Human Services, Office of Long-Term Care
- 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)
- Combined Certifications (Attachment H)
- Client History Form (Attachment I)