

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Kickstart Enterprises			
Address:	P.O. Box 142			
City:	Hooks	State:	TX	Zip Code: 75561
Business Designation:	<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Public Service Corp	
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit	
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> American Indian	<input type="checkbox"/> Service-Disabled Veteran	
	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Women-Owned	
	<input type="checkbox"/> Asian American	<input type="checkbox"/> Pacific Islander 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:	Orin Burnett	Title:	Owner	
Phone:	903-908-4110	Alternate Phone:		
Email:	orin.b.cleaning@gmail.com			
CONFIRMATION OF REDACTED COPY				
<input checked="" 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 in the 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 H-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: Orin Burnett Title: owner
 Printed/Typed Name: Orin Burnett Date: 12-20-24

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.

Vendor Name:	Kickstart Enterprises	Date:	12-20-24
Signature:	Orin Burnett	Title:	owner
Printed Name:	Orin Burnett		

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.**

MINIMUM QUALIFICATIONS

- In accordance with Section 2.3.B, Provide the name, address, and telephone number of the supervisor that will inspect the building at least once a week to ensure that compliance with all specifications of this solicitation are met:

Name: Orin Burnett

Address: P.O. Box 142 Hooks TX 75561

Phone Number: 903-908-4110

Kickstart Enterprises

Services:

Janitorial/Custodial
Window Cleaning
Floor Care
Office Cleaning
And More...

orin.b.cleaning@gmail.com
Orin Burnett: 903-908-4110



EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

It is the policy of KICKSTART ENTERPRISES not to discriminate against any applicant for employment, or any employee because of age, color, sex, disability, national origin, race, religion, or veteran status.

KICKSTART ENTERPRISES will take affirmative action to ensure that the EEO Policy is implemented, with particular regard to: advertising, application procedures, compensation, demotion, employment, fringe benefits, job assignment, job classification, layoff, leave, promotion, recruitment, rehire, social activities, training, termination, transfer, upgrade, and working conditions.

KICKSTART ENTERPRISES will continue to make it understood by the employment entities with which it deals, and in employment opportunity announcements that the foregoing is company policy and all employment decisions are based on individual merit only.

All current employees of KICKSTART ENTERPRISES are requested to encourage qualified disabled persons, minorities, special disabled veterans, and Vietnam Era veterans to apply for employment, on the job training or for union accommodations for qualified disabled individuals.

It is the policy of KICKSTART ENTERPRISES that all company activities, facilities, and job sites are non-segregated. Separate or single-user toilet and changing facilities are provided to assure privacy.

It is the policy of KICKSTART ENTERPRISES to ensure and maintain a working environment free of coercion, harassment, and intimidation at all job sites, and in all facilities at which employees are assigned to work. Any violation of the policy should be immediately reported to your supervisor or the company EEO Officer.

EEO Officer: ORIN BURNETT

Address: P.O. 142, HOOKS, TX 75561

Telephone: 903-908-4110

Signed: Orin Burnett Dated 5-10-2024

Contract Number: _____
Attachment Number: _____
Action Number: _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

IS THIS FOR: ☐ SUBCONTRACTOR ☐ SUBCONTRACTOR FOR NAME: _____

☐ Yes ☒ No

TAXPAYER ID NAME: **Kickstart Enterprises** IS THIS FOR: Goods? ☐ Services? ☒ Both? ☐

YOUR LAST NAME: **Burnett** FIRST NAME: **Orin** M.I.: _____

ADDRESS: **P.O. Box 142**

CITY: **Hooks** STATE: **TX** ZIP CODE: **75561** COUNTRY: **USA**

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS*

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held (operator representative name of board, commission, data entry, etc.)	For How Long?		What is the person(s) name and how are they related to you? (i.e. Jane Q. Public, spouse, John Q. Public, Jr., child, etc.)	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>					
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>					
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>					
State Employee	<input type="checkbox"/>	<input type="checkbox"/>					

☒ None of the above applies

FOR AN ENTITY (BUSINESS)*

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held (operator representative name of board, commission, data entry, etc.)	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>						
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>						
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>						
State Employee	<input type="checkbox"/>	<input type="checkbox"/>						

☒ None of the above applies

Contract Number _____
Attachment Number _____
Action Number _____

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature Orin Burnett Title owner Date 12-20-24
Vendor Contact Person Orin Burnett Title owner Phone No. 903-908-4110

Agency use only

Agency Number 0710 Agency Name Department of Human Services Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____



COMBINED CERTIFICATIONS FOR CONTRACTING WITH THE STATE OF ARKANSAS

Pursuant to Arkansas law, a vendor must certify as specified below and as designated by the applicable laws.

- 1. Israel Boycott Restriction:** For contracts valued at \$1,000 or greater.
A public entity shall not contract with a person or company (the "Contractor") unless the Contractor certifies in writing that the Contractor is not currently engaged in a boycott of Israel. If at any time after signing this certification the Contractor decides to boycott Israel, the Contractor must notify the contracting public entity in writing. See Arkansas Code Annotated § 25-1-503.
- 2. Illegal Immigrant Restriction:** For contracts valued at \$25,000 or greater.
No state agency may contract for services with a Contractor who knowingly employs or contracts with an illegal immigrant. The Contractor shall certify that it does not knowingly employ, or contract with, illegal immigrants. See Arkansas Code Annotated § 19-11-105.
- 3. Energy, Fossil Fuel, Firearms, and Ammunition Industries Boycott Restriction:** For contracts valued at \$75,000 or greater.
A public entity shall not contract unless the contract includes a written certification that the Contractor is not currently engaged in and agrees not to engage in, a boycott of an Energy, Fossil Fuel, Firearms, or Ammunition Industry for the duration of the contract. See Arkansas Code Annotated § 25-1-1102.
- 4. Scrutinized Company Restriction:** Required with bid or proposal submission.
A state agency shall not contract with a Scrutinized Company or a company that employs a Scrutinized Company as a subcontractor. A Scrutinized Company is a company owned in whole or with a majority ownership by the government of the People's Republic of China. A state agency shall require a company that submits a bid or proposal for a contract to certify that it is not a Scrutinized Company and does not employ a Scrutinized Company as a subcontractor. See Arkansas Code Annotated § 25-1-1203.

By signing this form, the Contractor agrees and certifies they are not a Scrutinized Company and they do not currently and shall not for the aggregate term of any resultant contract:

- Boycott Israel.
- Knowingly employ or contract with illegal immigrants.
- Boycott Energy, Fossil Fuel, Firearms, or Ammunition Industries.
- Employ a Scrutinized Company as a subcontractor.

Contract Number: 710-25-028 Description: Janitorial Services

Agency Name: Department of Human Services, Division of County Operations

Vendor Number: _____ Vendor Name: Kickstart Enterprises

Orin Burnett

Vendor Signature

12-29-24

Date

Attachment I

Janitorial Services

Instructions: This form is intended to help the State gain a more complete understanding of each Respondent's experience. This form **must** be completed completely and accurately.

The State reserves the right to verify the accuracy of these answers by contacting any of the listed clients, and all applicable clients **must** be listed. Omission of a client will constitute a failure to complete this form.

For purposes of this form, the "client" is not an individual but the entity which held the contract. By way of explanation, in the Contract resulting from this IFB, Arkansas DHS will be the client. For each listed client, Respondents may (but are not required) provide the contact information for a person at the client entity who is knowledgeable of the named project. If the State contacts clients listed on this form, the State reserves the right to contact the listed individual or another person at the listed client.

The boxes below each prompt will expand if necessary. The form **must** be signed (please see the final page) by the same signatory who signed the Response Signature Page.

1. Please list clients where you (the prime contractor only) served as the prime contractor or subcontractor for providing janitorial services for at least two (2) years. For each client, please specify the organization/agency/division. Please specify the duration of services for each. If there are no contracts which meet this definition, please state "none."

H&R Block - 903-278-1352

Judith McCarty Dance School - 903-277-2858

Hooks ISD

Authorized Signature: Orin Burnett Title: owner

Printed/Typed Name: Orin Burnett Date: 11-12-20-24

ATTACHMENT J - SITE VISIT VERIFICATION FORM

- Present this Site Visit Verification Form to the County Administrator or Designee for signature upon completion of the site visit for each location being bid.
- Submit the signed Site Visit Verification Form with the Bid Response Packet at bid submission.

This signed Site Visit Verification Form serves as verification that the Prospective Contractor or representative named below was present and participated in the site visit as required by Competitive Bid 710-25-028 for Janitorial Services.

PROSPECTIVE CONTRACTOR'S REPRESENTATIVE INFORMATION	
Company Name:	Kickstart Enterprises
Representative's Printed Name:	Orin Burnett
Signature:	Orin Burnett
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – CHICOT CO.	
Printed Name:	
Signature:	
Date of Site Visit:	
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – COLUMBIA CO.	
Printed Name:	Cora Sutton
Signature:	Cora Sutton
Date of Site Visit:	12/20/2024
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – CONWAY CO.	
Printed Name:	
Signature:	
Date of Site Visit:	
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – INDEPENDENCE PROCESSING CENTER	
Printed Name:	
Signature:	
Date of Site Visit:	

COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – MISSISSIPPI CO.	
Printed Name:	
Signature:	
Date of Site Visit:	
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – OUACHITA CO.	
Printed Name:	Charles Eliason
Signature:	Charles Eliason
Date of Site Visit:	12/30/24
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – RANDOLPH CO.	
Printed Name:	
Signature:	
Date of Site Visit:	

RECEIVED

JAN 06 2023

Miller County Clerk, Stephanie Harvin

400 Laurel, Suite 105
Texarkana, AR 71854

Office: 870-774-1501 Fax: 870-773-4090

MILLER COUNTY CLERK
Stephanie Harvin

CERTIFICATE NO. 2023-3

Persons conducting business in this State under an assumed name in Miller County, Arkansas. I/We do hereby certify that I am/we are or intend on operating a business under the assumed or designated:

Name of Business: KICKSTART ENTERPRISES

With the Address of PO BOX 142 HOOKS, TEXAS 75561

6770 FM 1398 HOOKS, TEXAS 75561

Phone Number: 903-908-4110

And I/We further certify that the true full names of the parties interested in conducting business in this name is/are as follows:

This certificate is executed in compliance with the provisions of Act 11 of the Acts of Arkansas for 1943.

ORIN BURNETT 6770 FM 1398 HOOKS, TEXAS 75561

Orin Burnett

Acknowledgment

State of Arkansas
County of Miller

On this 6TH day of JANUARY 2023 before me, Tonya Bohn, the undersigned officer, appeared ORIN BURNETT known to me to be the person described in the foregoing instrument and acknowledge that she executed the same in the capacity therein stated and for the purposes contained therein.

Notary

TONYA BOHN

NOTARY PUBLIC-ARKANSAS
MILLER COUNTY

MY COMMISSION EXPIRES: 11-01-27



By my signature below, I certify that the I am authorized by the respondent to submit this bid on his.

Vendor Name: KICKSTART ENTERPRISES

Signature: Orin Burnett

Printed Name: Orin Burnett

her behalf.

Date: 12-24-2024

Title: Owner

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 2

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: December 30, 2024
SUBJECT: 710-25-028 Janitorial Services

The following change(s) to the above referenced IFB have been made as designated below:

- ☐ Change of specification(s)
☐ Additional specification(s)
☒ Change of bid opening date and time
☐ Cancellation of bid
☒ Other

CHANGE OF BID OPENING DATE AND TIME

- Bid submission date and time has been extended to January 8, 2025, 10:30 a.m.
- Bid opening date and time has been extended to January 8, 2025, 11:30 a.m.

OTHER

- OP Buyer's name and contact information – remove and replace with the following:

Karrie Goodnight, (501) 320-3906

The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Karrie Goodnight, DHS.OP.Solicitations@dhs.arkansas.gov, (501) 320-3906.

Orin Burnett
Vendor Signature

12-31-2024
Date

Kickstart Enterprises
Company

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 3

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: December 30, 2024
SUBJECT: 710-25-028 Janitorial Services

The following change(s) to the above referenced IFB have been made as designated below:

☐ Change of specification(s)
☐ Additional specification(s)
☐ Change of bid opening date and time
☐ Cancellation of bid
☒ Other

OTHER

- Attachment E - Remove and replace with the following:
Attachment E – Services Contract SRV-1 Fillable Form

The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Karrie Goodnight, DHS.OP.Solicitations@dhs.arkansas.gov. (501) 320-3906.

Kim Burnett
Vendor Signature

12-31-2024
Date

Kickstart Enterprises
Company

OFFICIAL BID PRICE SHEET

710-25-028 Janitorial Services

All costs **must** be included in the unit price. Costs not included in the unit price below are not billable under this solicitation. Bidder must submit a printed copy of the completed Official Bid Price Sheet with bid submission. Quantities are estimated for bidding purposes only. Quantities may increase or decrease.

Instructions - Enter the unit price per square foot and the monthly amount for each location being bid. Pricing locations not being bid.

ITEM	DESCRIPTION	ESTIMATED QUANTITY (square feet)	UNIT PRICE (per square foot)
1	Chicot County	10,000	
2	Columbia County	14,328	.16
3	Conway County	10,560	
4	Independence Processing Center	13,166	
5	Mississippi	19,187	
6	Quachita	21,630	.14
7	Randolph	8,103	

Number of hours bidder proposes to clean per day:

4 to 6 hr per day

AUTHORIZED SIGNATURE:

a contract established from
sion.

g is not required for

MONTHLY AMOUNT

\$2292.48

3028.20

Janitorial Services

Instructions: This form is intended to help the State gain a more complete understanding of each Respondent's experience. This form **must** be completed completely and accurately.

The State reserves the right to verify the accuracy of these answers by contacting any of the listed clients, and all applicable clients **must** be listed. Omission of a client will constitute a failure to complete this form.

For purposes of this form, the "client" is not an individual but the entity which held the contract. By way of explanation, in the Contract resulting from this IFB, Arkansas DHS will be the client. For each listed client, Respondents may (but are not required) provide the contact information for a person at the client entity who is knowledgeable of the named project. If the State contacts clients listed on this form, the State reserves the right to contact the listed individual or another person at the listed client.

The boxes below each prompt will expand if necessary. The form **must** be signed (please see the final page) by the same signatory who signed the Response Signature Page.

1. Please list clients where you (the prime contractor only) served as the prime contractor or subcontractor for providing janitorial services for at least two (2) years. For each client, please specify the organization/agency/division. Please specify the duration of services for each. If there are no contracts which meet this definition, please state "none."

~~XXXXXXXXXX~~
HR Block — 3yrs of Service

Judith McCarthy Dance School — 10yrs of service

Hooks INDEPENDANT School District — 5yrs. of service

Authorized Signature:

Orin Burnett

Title: owner

Printed/Typed Name:

Orin Burnett

Date: 1-24-2025