



## STATE OF ARKANSAS

Department of Human Services  
Office of Procurement  
700 Main Street  
Little Rock, Arkansas 72201

### INVITATION FOR BID BID SOLICITATION DOCUMENT

#### SOLICITATION INFORMATION

Bid Number:	710-25-028	Solicitation Issued:	December 6, 2024
Description:	Janitorial Services – Multiple Counties		
Agency:	Department of Human Services, Division of County Operations		

#### SUBMISSION DEADLINE

Bid Submission Date/Time	January 3, 2025, 1:00 p.m., Central Time	Bid Opening Date/Time:	January 3, 2025, 2:00 p.m., Central Time
--------------------------	---	---------------------------	---

Bids **shall not** be accepted after the designated bid submission deadline. In accordance with Arkansas Procurement Law and Rules, it is the responsibility of vendors to submit proposals at the designated location on or before the bid submission deadline. Bids received after the designated bid submission deadline **shall** be considered late and **shall** be returned to the vendor without further review. It is not necessary to return "no bids" to the Office of Procurement.

#### DELIVERY OF RESPONSE DOCUMENTS

Delivery Address:	Arkansas Department of Human Services Attn: Office of Procurement 700 Main Street Little Rock, AR 72201
United States mail (USPS):	<b>Note: Hand delivered responses must be delivered directly to the security desk otherwise these deliveries will not be accepted and may be grounds for disqualification.</b>
Commercial Carrier (UPS, FedEx or USPS Exp):	Arkansas Department of Human Services Attn: Office of Procurement P.O. Box 1437 Slot W345 Little Rock, AR 72203-1437  Arkansas Department of Human Services Attn: Office of Procurement 112 West 8 <sup>th</sup> Street, Slot W345 Little Rock, AR 72201  Delivery providers, USPS, UPS, and FedEx deliver mail to OP's street address on a schedule determined by each individual provider. These providers will deliver to OP based solely on the street address. <b>Prospective Contractors assume all risk for timely, properly submitted deliveries.</b>
Bid's Outer Packaging:	If the bid packet is not sealed and properly marked with the below information, the package may be opened for bid identification purposes.  • Bid number • Date and time of bid opening • Prospective Contractor's name and return address

#### OFFICE OF PROCUREMENT CONTACT INFORMATION

OP Buyer:	Brandi Warner	Buyer's Direct Phone Number:	501-534-4008
Email Address:	<a href="mailto:DHS.OP.Solicitations@dhs.arkansas.gov">DHS.OP.Solicitations@dhs.arkansas.gov</a>	DHS's Main Number:	501-682-1001
DHS Website:	<a href="https://humanservices.arkansas.gov/do-business-with-dhs">https://humanservices.arkansas.gov/do-business-with-dhs</a>		
OSP Website:	<a href="http://www.arkansas.gov/dfa/procurement/bids/index.php">http://www.arkansas.gov/dfa/procurement/bids/index.php</a>		



**STATE OF ARKANSAS**

**SECRETARY OF STATE**

**Mark Martin**  
ARKANSAS SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

I, Mark Martin, Arkansas Secretary of State of Arkansas, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of

**Articles of Organization**

of

**MILLER TRANSIT SYSTEM LLC**

filed in this office  
July 12, 2018

In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 12th day of July 2018.

  
Mark Martin  
Secretary of State

Online Certificate Authorization Code: 1811235b47816d564a7  
To verify the Authorization Code, visit [sos.arkansas.gov](http://sos.arkansas.gov)







# Articles of Organization for Domestic LLC

## Filing Information

Filing Act: 1003 of 1993  
Entity Name: MILLER TRANSIT SYSTEM LLC  
File Date: 2018-07-12 09:34:54  
Effective Date: 2018-07-12  
Filing Signature: LARRY MILLER

## Registered Agent:

First Name: LARRY  
Last Name: MILLER  
Address 1: 330 LAKEWOOD DR  
City: LAKE VILLAGE  
State: AR  
Zip: 71653  
Country: USA  
Phone: 870-632-9612  
Email: MARKPLY@HOTMAIL.COM

## Officers

First Name: LARRY  
Last Name: MILLER  
Title: Incorporator/Organizer  
Address 1: P O BOX 947  
City: LAKE VILLAGE  
State: AR  
Zip: 71653  
Country: USA

## Principal


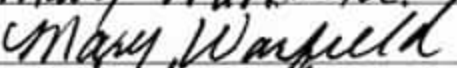
Entity Name: MILLER TRANSIT SYSTEM LLC  
Address 1: P O BOX 947  
City: LAKE VILLAGE  
State: AR  
Zip: 71653  
Country: USA  
Phone Number: 870-632-9612  
Email Address: MARKPLY@HOTMAIL.COM



## 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	
<b>Company Name:</b>	LARRY MILLER DBA Miller Transit Systems
<b>Representative's Printed Name:</b>	LARRY MILLER
<b>Signature:</b>	
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – CHICOT CO.	
<b>Printed Name:</b>	Mary Warfield
<b>Signature:</b>	
<b>Date of Site Visit:</b>	12/10/2024
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – COLUMBIA CO.	
<b>Printed Name:</b>	
<b>Signature:</b>	
<b>Date of Site Visit:</b>	
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – CONWAY CO.	
<b>Printed Name:</b>	
<b>Signature:</b>	
<b>Date of Site Visit:</b>	
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – INDEPENDENCE PROCESSING CENTER	
<b>Printed Name:</b>	
<b>Signature:</b>	
<b>Date of Site Visit:</b>	



## 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."

State OF Arkansas  
Department OF Human Services  
Chicot County DHS  
Division OF County Operations  
Sanitorial Tech Service  
LAKE Village AR 71653  
years OF Service - 10 years -  
begin date 11/1/2018

Authorized Signature:

✓ *Larry Miller*

Title:

OWNER

Printed/Typed Name:

DBA-Miller Transitsystem  
LARRY MILLER

Date:

12/9/24



# BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	LARRY Miller DBA Miller Transit System			
Address:	P.O. Box 947			
City:	Lake Village 1	State:	AR	Zip Code: 71653
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:	LARRY Miller	Title:	Owner	
Phone:	870-632-9612	Alternate Phone:		
Email:	MillerTransitsystem@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: LARRY Miller Title: Owner  
 Printed/Typed Name: LARRY Miller Date: 12/9/24



## 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:	LARRY Miller DBA Milk Transit system	Date:	12/19/24
Signature:		Title:	owner
Printed Name:	LARRY Miller		



## 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
NONE	NONE	NONE

- ☒ 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: LARRY MILLER  
Address: P.O. Box 947  
LAKE Village AR 71653  
Phone Number: 870-632-9612



Contract Number 4600043415  
Attachment 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.  
SUBCONTRACTOR: \_\_\_\_\_ SUBCONTRACTOR NAME: \_\_\_\_\_

☐ Yes ☒ No

IS THIS FOR:

TAXPAYER ID NAME: LARRY MILLER DBH - Miller Transit systems Goods? ☐ Services? ☒ Both? ☐

YOUR LAST NAME: Miller FIRST NAME: \_\_\_\_\_ M.I.: \_\_\_\_\_

ADDRESS: P.O. Box 947

CITY: LAKE VILLAGE AR 71653 STATE: AR ZIP CODE: 71653

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 <small>(Senator, representative, name of board/ commission, data entry, etc.)</small>	For How Long?		What is the person(s) name and how are they related to you? <small>(i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.)</small>	Relation
	Current	Former		From MM/YY	To MM/YY		
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☒ 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 <small>(Senator, representative, name of board/ commission, data entry, etc.)</small>	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?	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY			
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

☒ None of the above applies



Contract Number 460043415  
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 [Signature] Title Owner Date 12/7/24

Vendor Contact Person MARY MILLER Title Owner Phone No. 870-632-9612

*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: 4600043415 Description: Janitorial Tech Service Chicot County  
Agency Name: Department of Human Services  
Vendor Number: 100078174 Vendor Name: LARRY MILLER DBA Miller Transit System

Larry Miller  
Vendor Signature

12/9/24  
Date



# **Miller Transit System**

**P.O. BOX 947  
LAKE VILLAGE, AT 71653  
TELEPHONE: 870-632-9612**

## **Equal Employment Opportunity Statement**

**Miller Transit System is an Equal Opportunity employer and is committed to** an active nondiscrimination program. It is the stated policy of the employer that all employees, and applicants shall receive equal consideration and treatment. All recruitments, hirings, placements and all other personal actions will be on the basis of qualifications of the individual for the positions being filled regardless of race, color, religion, ancestry, national origin, age, sex, marital status, medical condition, or physical handicap. All decisions on employment are made solely on individual's qualifications for the job.

Signature: \_\_\_\_\_

*Amy Miller*



# 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 a contract established from 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 is not required for locations not being bid.

ITEM	DESCRIPTION	ESTIMATED QUANTITY (square feet)	UNIT PRICE (per square foot)	MONTHLY AMOUNT
1	Chicot County	10,000	0.18	1800-
2	Columbia County	14,328		
3	Conway County	10,560		
4	Independence Processing Center	13,166		
5	Mississippi	19,187		
6	Ouachita	21,630		
7	Randolph	8,103		

Number of hours bidder proposes to clean per day:

2/3

## AUTHORIZED SIGNATURE:

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

Vendor Name:

LARRY MILLER, DON MILLER TROST SYSTEM

Signature:

Larry Miller

Printed Name:

Larry Miller

Date:

12/10/24

Title:

Owner