# **BID RESPONSE PACKET**

710-25-028

### **BID SIGNATURE PAGE**

Type or Print the following information.

	PROSP	ECTIVE CONTR	RACTOR'S INFORMA	TION				
Company:								
Address:								
City:			State:		Zip Code:			
Business Designation:	☐ Individual ☐ Partnership	□ Sole	Proprietorship oration		Public Service Nonprofit	e Corp		
Minority and Women-Owned Designation*:	<ul><li>☐ Not Applicable</li><li>☐ African American</li><li>☐ Asian American</li></ul>	•	c American   slander American	Women-Owr				
	AR Certification #:	· · · · · · · · · · · · · · · · · · ·	* See Minority a	nd Women-(	Owned Busin	ess Policy		
PROSPECTIVE CONTRACTOR CONTACT INFORMATION  Provide contact information to be used for bid solicitation related matters.								
Contact Person:			Title:					
Phone:			Alternate Phone:					
Email:								
	СО	NFIRMATION (	F REDACTED COP	1				
☐ NO, a redacted	d copy of submission doc d copy of submission doc be released if requested.	uments is <u>not</u> ei		d a full copy	of non-redac	ted submission		
a copy of th	d copy of the submission of the non-redacted documer to any request made unde tormation.	its, with the exc	eption of financial dat	a (other than	n pricing), will	l be released in		
	CC	MBINDED CER	RTIFICATIONS FORM					
	actor has included, in this ne State of Arkansas.	submission pac	cket, the signed Attach	nment H-Con	nbined Certifi	cations for		
The signature belov	zed to bind the Prospect v signifies agreement that ctive Contractor's bid to	any exception	that conflicts with a Re			icitation <b>will</b>		
Authorized Signat	ure:		Title:					
Printed/Typed Nar	ne:		Date:					

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

th	ny requested exceptions to i is page. Vendor <b>must</b> clea plicitation item number to wh	arly explain the reques	ted exception and	should label the	request to	reference the	specific
• E	cceptions to Requirements <b>s</b>	<b>hall</b> cause the vendor's p	roposal to be disqu	ıalified.			
D '(		to and about the	I - 20 - 11 2			P - 20 - C	
By signati	ure below, vendor agrees	to and <b>snall</b> fully comp	bly with all require	ments as snow	n in the bid	solicitation.	
Vendo	r Name:			Date:			
Signat	ure:			Title:			
Printed	l Name:			<u> </u>			

#### 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

$\square$ PROSPECTIVE CONTRACTOR DOES NOT PROPOSI	Ε ΤΟ Ι	JSE
SUBCONTRACTORS TO PERFORM SERVICES.		

## **MINIMUM QUALIFICATIONS**

Na	me:		 	
Ado	dress:	 		
Pho	one Number:		 	

#### **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
- 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)
- Mandatory Site Visit Verification Form (Attachment J)