# BID RESPONSE PACKET 710-25-030

## **BID SIGNATURE PAGE**

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION						
Company:						
Address:						
City:			State:			Zip Code:
Business	☐ Individual	☐ Sole Proprietorship				☐ Public Service Corp
Designation:	☐ Partnership	☐ Corporation				☐ Nonprofit
Minority and	☐ Not Applicable	☐ America	□ American Indian □ Service-Disabled Veter		Disabled Veteran	
Women-Owned	☐ African American	☐ Hispani	☐ Hispanic American ☐ Wom		men-	Owned
Designation*:	□ Asian American □ Pacific Islander American					
	AR Certification #:		* See Minor	ity and	Wome	en-Owned Business Policy
PROSPECTIVE CONTRACTOR CONTACT INFORMATION  Provide contact information to be used for bid solicitation related matters.						
Contact Person:			Title:			
Phone:			Alternate Phone	e:		
Email:						
	CONFI	RMATION C	F REDACTED C	OPY		
□ NO, a redacted	d copy of submission docume copy of submission documer be released if requested.			and a fu	ll cop	y of non-redacted submission
and neither pricing), will	box is checked, a copy of the	non-redacte ny request r	ed documents, wi	th the ex	xcepti	ontractor's Response Packet, ion of financial data (other that dom of Information Act (FOIA)
	СОМВ	INDED CER	TIFICATIONS FO	ORM		
	actor has included, in this sub he State of Arkansas.	omission pad	cket, the signed A	ttachme	ent H-	Combined Certifications for
The signature belov	zed to bind the Prospective w signifies agreement that any ctive Contractor's bid to be	y exception t	hat conflicts with			_
Authorized Signat	ure:		т	itle:		
Printed/Typed Nar	ne:		D	ate:		

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

thi	ny requested exceptions to items in this section which are <u>NON-mandator</u> is page. Vendor <b>must</b> clearly explain the requested exception and should licitation item number to which the exception applies.	<u>must</u> be declared below or as an attachment to label the request to reference the specific
Ex	ceptions to Requirements <b>shall</b> cause the vendor's proposal to be disqua	lified.
Du alamat:	iro bolow wonder agrees to and about fully assess with all assessing	ponto ao ahawa in the hid acticitation
by signatu	re below, vendor agrees to and <b>shall</b> fully comply with all requiren	lents as snown in the bid solicitation.
Vendor	Name:	Date:
Signatu	ure:	Title:
Printed	l 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.	

## **MINIMUM QUALIFICATIONS**

• 2.3.C provide the name(s) of the qualified interpreter and translator that may provide services under any resulting contract from this IFB:

Name	Name

•	2.3.D Provide the telepho	one number to access all 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
- Resume of each interpreter and translator
- 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 B)