BID RESPONSE PACKET 710-25-040

BID SIGNATURE PAGE

Type or Print the following information.

	PROSPECT	IVE CONTRACTOR'S	INFORMA [*]	TION				
Company:								
Address:								
City:		State:			Zip Code:			
Business	☐ Individual	☐ Sole Proprietors	☐ Sole Proprietorship		☐ Public Service	Corp		
Designation:	□ Partnership	☐ Corporation			☐ Nonprofit			
Minority and	☐ Not Applicable	☐ American Indian	□ American Indian □ Service-Disabled Veteran					
Women-Owned	☐ African American	☐ Hispanic American	☐ Hispanic American ☐ Wom			en-Owned		
Designation*:	□ Asian American □ Pacific Islander American							
	AR Certification #: * See Minority and Women-Owned Business Policy				ss Policy			
PROSPECTIVE CONTRACTOR CONTACT INFORMATION Provide contact information to be used for bid solicitation related matters.								
Contact Person:		Title:						
Phone:	Phone: Alternate Pl		Phone:					
Email:		·						
	CONFI	RMATION OF REDACT	ED COPY	•				
☐ NO, a redacted	d copy of submission docume copy of submission documer be released if requested.		derstand a	full cop	y of non-redacted s	submission		
and neither pricing), will	d copy of the submission doct box is checked, a copy of the be released in response to a icitation for additional informa	non-redacted documer ny request made under	its, with the	except	tion of financial data	a (other than		
	СОМВ	INDED CERTIFICATIO	NS FORM					
	actor has included, in this sub he State of Arkansas.	omission packet, the sig	ned <i>Attach</i>	ment H	-Combined Certifica	ations for		
The signature belov	zed to bind the Prospective v signifies agreement that any ctive Contractor's bid to be	y exception that conflicts			_	itation will		
	ure:							
Printed/Typed Nar	ne:		Date:					

SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE

thi	Any requested exceptions to items in this section which are <u>NON-mandatory</u> 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.			
Ex	cceptions to Requirements shall cause the vendor's proposal to	be disqualified.		
By signatu	re below, vendor agrees to and shall fully comply with all	requirements as shown in the bid solicitation.		
Vendor	Name:	Date:		
Signatu	ure:	Title:		
Printed	l Name:			
	1			

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 PROPOS	E TO US	ŝΕ
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 tele	phone 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)