# BID RESPONSE PACKET 710-25-060 Waste Pickup and Disposal Services

# **BID SIGNATURE PAGE**

Type or Print the following information.

	PROSP	ECTIVE CONTRACTOR'S INFORMA	TION
Company:			
Address:			
City:		State:	Zip Code:
Business Designation:	☐ Individual ☐ Partnership	<ul><li>☐ Sole Proprietorship</li><li>☐ Corporation</li></ul>	<ul><li>☐ Public Service Corp</li><li>☐ Nonprofit</li></ul>
Minority and Women-Owned Designation*:	□ Not Applicable       □ American Indian       □ Service-Disabled Veteran         □ African American       □ Hispanic American       □ Women-Owned         □ Asian American       □ Pacific Islander American         AR Certification #:       * See Minority and Women-Owned Business Policy		
		IVE CONTRACTOR CONTACT INFO	
Contact Person:		Title:	
Phone:		Alternate Phone:	
Email:			
	CO	NFIRMATION OF REDACTED COPY	•
☐ NO, a redacted will be released Note: If a redacted documents,	d if requested. I copy of the Bid Respons with the exception of fina	se Packet is <u>not</u> enclosed. I understan se Packet is not provided and neither bo ncial data (other than pricing), will be re	d a full copy of non-redacted documents ox is checked, a copy of the non-redacted eleased in response to any request made tion Document for additional information
	С	OMBINED CERTIFICATIONS FORM	
Bidder has include State of Arkansas		acket the signed Attachment H: Combin	ned Certifications for Contracting with the
	w signifies agreement that	o a resultant contract must sign bel t any exception that conflicts with a Re	ow. quirement of this IFB will cause the bid
Authorized Signat	ure:	Title:	
Printed/Typed Nar	Printed/Typed Name: Date:		

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

•	attachment to	l exceptions to this page. Ve specific solicita	ndor <b>must</b> cle	arly explain	the requeste	ed exception			
•		Requirements :			-				
By sign	ature below, ve	endor agrees to	and <b>shall</b> fully	comply with	all requirem	ents as sh	own in the IFI	В.	
Vend	dor Name:					Date:			
						<del>                                     </del>	1		

Vendor Name:	Date:	
Signature:	Title:	
Printed Name:		

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#### 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
1		

$\square$ PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO U	ISE
SUBCONTRACTORS TO PERFORM SERVICES.	

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## **MINIMUM QUALIFICATIONS**

• In accordance with section 2.3.C., Provide the name and telephone number of the primary contact(s) that will be responsible for Waste Pickup and Disposal Services to ensure that compliance with all specifications of this solicitation are met:

Name:
Phone number:
Name:
Phone number:
Name:
Phone number:
Name:
Phone number:
Name:
Phone number:
Name:
Phone number:
Name:
Phone number:

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#### **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 Prospective Contractor's Equal Opportunity Policy
- Signed Addenda, if applicable
- EO 98-04 Disclosure Form (Attachment A)
- Client History Form (Attachment F)
- Combined Certifications Form (Attachment H)