## **BID SIGNATURE PAGE**

Type or Print the following information.

	PROSPECTIVE CONTRACTOR'S INFORMATION						
Company:	Agrumen Clear	ing					
Address:	1910 madison	Ave t	£ 2058				
City:	Memohis		State:		τN	Zip Code:	38104
Business Designation:	<ul> <li>Individual</li> <li>Partnership</li> </ul>		e Proprietorship poration			] Public Servic ] Nonprofit	e Corp
Minority and Women-Owned Designation*:	Not Applicable African American Asian American AR Certification #:	-	ic American Islander America	n D W	omen-Ov	abled Veteran vned - <i>Owned Busin</i> e	
	PROSPECTIV Provide contact info		TOR CONTACT I			tters.	
Contact Person: Christian Gilbert Title: Owner							
Phone:	870 - 270 - 2577 Alternate Phone:						
Email: Aquamen Claning 223@ gmail. Com							
CONFIRMATION OF REDACTED COPY							
NO, a redacted documents will	d copy of submission docu d copy of submission docu l be released if requested.	ments is <u>not</u> e	enclosed. I unders				
Note: If a redacte	ed copy of the submission	documents is	not provided in the	he Bid I of finer	Respons	e Packet, and Mother than n	neither box is ricina), will be

Note: If a redacted copy of the submission documents is not provided in the Bid Response Facicit, and notifier 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.

#### COMBINDED CERTIFICATIONS FORM

Prospective Contractor has included, in this Bid Response 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:	Aliston .	Willburg	Title:	Gwner
Authorized Signature:				
Authorized Signature: Printed/Typed Name:	Christian	Gilb-ert	Date:	04-01-15

# SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE

- 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.
- Exceptions to Requirements shall cause 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:	Aquamen (leaning	Date:	04-01-25
Signature:	Christer withink	Title:	Owner
Printed Name:	Christian Gilbert		

Bid Response Packet 710-25-064

## **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 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 who will inspect the building for each location being bid at least once a week to ensure compliance with all contract requirements:

County	Name	Address	Phone Number
Scott			
Stone			
Washington	Allize Hom	Fayetterville	479 2007 9300
Woodruff	Christian alburt	Bloot Laberbor Jonesboro AR, 72404	876-270-2577
Howard			
Lincoln			
Little River			
Репу			

## Attachment F 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."

jonas	bord Child 2 years	SUPPORT		
Hote	prings Chi ryews	15 SUPPOF+		
	<b>M</b>			
Authorized Signature: _	Murg Ten	biller	Title: <u>64 - 01 - 15</u> Date: <u>Owner</u>	
Printed/Typed Name:	Invistion	Gilbert	Date: Owner	

COUNTY ADM	INISTRATOR or DESIGNEE INFORMATION - WOODRUFF CO.
Printed Name:	Rebecca Miller
Signature:	Rehuamb
Date of Site Visit:	3/31/2025
COUNTY ADI	MINISTRATOR or DESIGNEE INFORMATION – HOWARD CO.
Printed Name:	
Signature:	
Date of Site Visit:	
COUNTY ADI	MINISTRATOR or DESIGNEE INFORMATION – LINCOLN CO.
Printed Name:	
Signature:	
Date of Site Visit:	
COUNTY ADMIN	<b>IISTRATOR or DESIGNEE INFORMATION -</b> LITTLE RIVER CO.
Printed Name:	
Signature:	
Date of Site Visit:	
COUNTY AD	MINISTRATOR or DESIGNEE INFORMATION – PERRY CO.
Printed Name:	
Signature:	
Date of Site Visit:	

Site Visit Verification

and a second second

Bid No. 710-25-064

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 <i>state agency</i> I agree as follows:     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.	l 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 north who fails to make the remined disclosume or who	violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor. 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 a statement containing the dollar amount of the subcontract to the state agency.	l certify under penalty of periury. 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.	MWStur Ciber Title OWNER Date OY-01-75 ntact Person Christyn billine Title Owner Phone No. 870-170-1577	only Agency Agency Contact Contract Contract Contract Contract Or Grant No.	
Action Number	<u>Failure to make any disc</u> <u>that Order, shall be a m</u> <u>disclosure or who violate</u>	As an additional conditi 1. Prior to entering into Contract and Gra whereby I assign or o of my contract with th	<ol> <li>I will include the follo Failure to make pursuant to that (</li> </ol>	violates any rule, 3. No later than ten (10 copy of the CoNTRA amount of the subco	I certify under penali that I agreero the su	Signature UMMS	<u>Agency use only</u> Agency Number <sup>0710</sup> Name	

 DHS Revision 11/05/2014

Attachment Number						
Action Number		ပိ	CONTRACT AND GRANT	DISCLOSUI	<b>GRANT DISCLOSURE AND CERTIFICATION FORM</b>	
Fallure to complete all of the follow	ing Informat	tion may	result in a delay in obtaining a cor	tract, lease, purc	Fallure 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 NAME:	ü				- processor when the first of the Witten West, when we want to be first the first of the west of the second s
TAXPAYER ID NAME: AUCUMEN	ver	Ŭ	Jeaning-		IS THIS FOR: Goods? Services? V Both?	
YOUR LAST NAME: CU	Gilbert		FIRST NAME	Christien	L :TW V	
ADDRESS: (910 Ma	Marison	AVE	# COSK			
CITY: MEMPINS			STATE: TN	ZIP C	ZIP CODE: 3604 country: ()	
<u>AS A CONDITION OF OBTAINING, EXTENDING, AME</u> <u>OR GRANT AWARD WITH ANY ARKANSAS STATE A</u>	STAININ TH ANY,	<u>IG, EX</u> ARKA	EXTENDING, AMENDING, C RKANSAS STATE AGENCY,	R RENEWIN THE FOLLO		
			FOR I	IVICN	INDIVIDUALS*	
Indicate below if: you, your spous Member, or State Employee:	e or the bro	ther, sis	ter, parent, or child of you or your s	oouse /s a curren	indicate below it: 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:	oard or Commission
Position Held	Mark (v)		Name of Position of Job Held Isonator representative name of	For How Long?	What is the person(s) name and how are they related to you? [I.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	
	Current Fo	Former	board/ commission, data entry, etc.]	From To MM/YY MM/YY	Person's Name(s)	Relation
General Assembly						
Constitutional Officer						
State Board or Commission Member						
State Employee						
None of the above applies	SS					
			FOR AN EN	ENTITY	(BUSINESS)*	
Indicate below if any of the followi Officer, State Board or Commissic Member, or State Employee. Pos	ng persons, in Member, ition of cont	, current State El Irol meat	or former, hold any position of cont mployee, or the spouse, brother, sis ns the power to direct the purchasin	rol or hold any ow ter, parent, or chi g policies or influ	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 Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Board or Commission Member, or State Employee. Or the purchasing policies or influence the management of the entity.	mbly, Constitutionai or Commission
	Mark (v)	ے ا	Name of Position of Job Held	For How Long?	2 What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	st and/or
	Current Fo	Former	[senator, representative, name of board/commission, data entry, etc.]	From To MM/YY MM/YY	Person's	Position of Control
General Assembly						
Constitutional Officer						
State Board or Commission Member						
State Employee						
□ None of the above applies	es					

Contract Number

DHS Revision 11/05/2014

## **OFFICIAL BID PRICE SHEET**

#### 710-25-064 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.

ІТЕМ	DESCRIPTION	ESTIMATED QUANTITY (square feet)	UNIT PRICE (per square foot)	MONTHLY AMOUNT		
1	Janitorial - Scott County	5,740				
2	Janitorial - Stone County	7,500				
3	Janitorial - Washington County	24,529	• 23	5,641.67		
4	Janitorial - Woodruff County	8,100	. 19	5,641.67 1539		
5	Janitorial - Howard County	3,060				
6	Janitorial - Lincoln County	3,405				
7	Janitorial - Little River County	3,654				
8	8 Janitorial - Perry County 5,565					
Number of hours bidder proposes to clean per day: <u>AUTHORIZED SIGNATURE:</u> By my signature below, I certify that the I am authorized by the respondent to submit this bid on his/her behalf. Vendor Name: <u>AUWWEN (I Puning</u> Signature: <u>Date: 04-01-25</u> Signature: <u>CWI Stim Giburt</u>						



### 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.

- 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:	Description:		<u></u>
Agency Name:			
Vendor Number:	Vendor Name: /	<u>04-01-25</u>	
Vendor Signature		Date	

#### **Equal Opportunity Policy**

#### Aquaman Cleaning, LLC

#### Effective Date: 02-25-25

Aquaman Cleaning, LLC is committed to providing equal employment opportunities to all individuals and maintaining a work environment that is free from discrimination and harassment.

It is the policy of Aquaman Cleaning to ensure that all employment-related decisions, including but not limited to recruitment, hiring, training, promotion, compensation, benefits, and termination, are made without regard to race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, gender identity, or any other status protected by applicable federal, state, or local laws.

Aquaman Cleaning prohibits any form of discrimination or harassment in the workplace. We are dedicated to fostering a diverse and inclusive environment where all individuals are treated with dignity and respect.

Any employee or applicant who believes they have been subjected to discrimination or harassment is encouraged to report the incident to management. All complaints will be investigated promptly and thoroughly, and appropriate corrective action will be taken if necessary.

This policy applies to all employees, contractors, clients, and third parties associated with Aquaman Cleaning.

#### Signed,

Christian Gilbert

Owner

Aquaman Cleaning, LLC

Aquamencleaning223@gmail.com 870-270-2577





and affixed my official Seal. Done at my office in the City of Little Rock, this 26th day of February 2025.

Cole Jester Secretary of State

Online Certificate Authorization Code: 83305967d19a8117da2 To verify the Authorization Code, visit sos.arkansas.gov

#### Page 1 of 1

State of Arkansas DEPARTMENT OF HUMAN SERVICES 700 South Main Street P.O. Box 1437 / Slot W345 Little Rock, AR 72203

#### ADDENDUM 1

TO: All Addressed Vendors FROM: Office of Procurement DATE: March 17, 2025 SUBJECT: 710-25-064 Janitorial Services

The following change(s) to the above referenced IFB have been made as designated below:

- Change of specification(s)
- Additional specification(s)
- Change of bid opening date and time Cancellation of bid
- Other Х

OTHER

Response Packet - remove and replace with the Revised Response Packet ٠

The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Karrie Goodnight, DHS.OP.Solicitations@dhs.arkansas.gov (501) 320-

0 Vendor S onature Date Cleaning amer Company

#### Page 1 of 1

#### State of Arkansas DEPARTMENT OF HUMAN SERVICES 700 South Main Street P.O. Box 1437 / Slot W345 Little Rock, AR 72203

#### **ADDENDUM 2**

**TO:** All Addressed Vendors FROM: Office of Procurement DATE: March 18, 2025 SUBJECT: 710-25-064 Janitorial Services

The following change(s) to the above referenced IFB have been made as designated below:

Change of specification(s)

Additional specification(s)

Change of bid opening date and time

Cancellation of bid

Other X

#### OTHER

Bidders may use the following contact information for scheduling site visits:

County	Phone Number
Scott	(479) 227-7114
Stone	(870)376-7775
Washington	(479) 695-2905
Woodruff	(870) 301-7030
Howard	(870) 845-4334
Lincoln	(870) 628-0151
Little River	(870) 600-6101
Репу	(501) 391-7348

The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Karrie Goodnight, DHS.OP.Solicitations@dhs.arkansas.gov (501) 320-3906.

Vendor Signature

turn William 04-01-25 Jre Date

#### **ATTACHMENT B - 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 Invitation for Bid 710-25-064 for Janitorial Services.

Company Name:	
Representative's Printed Name:	
Signature:	
COUNTY AL	MINISTRATOR or DESIGNEE INFORMATION - SCOTT CO.
Printed Name:	
Signature:	
Date of Site Visit:	
COUNTY AD	DMINISTRATOR or DESIGNEE INFORMATION – STONE CO.
Printed Name:	
Signature:	
Date of Site Visit:	7
	TRATOR or DESIGNEE INFORMATION – WASHINGTON CO. MAIN OFFICE
Printed Name:	
Printed Name: Signature:	Denise Rongey
Printed Name: Signature: Date of Site Visit:	Denise Rongey
Printed Name: Signature: Date of Site Visit: COUNTY ADMIN	OFFICE Demise Rongey Demos Rongey WISTRATOR or DESIGNEE INFORMATION - WASHINGTON CO.
Printed Name: Signature: Date of Site Visit: COUNTY ADMIN Printed Name:	OFFICE Denise Rongey Denise Rongey WISTRATOR or DESIGNEE INFORMATION - WASHINGTON CO. ANNEX OFFICE
Printed Name: Signature: Date of Site Visit:	OFFICE Denise Rongey Denise Rongey WISTRATOR or DESIGNEE INFORMATION - WASHINGTON CO. ANNEX OFFICE
Printed Name: Signature: Date of Site Visit: COUNTY ADMIN Printed Name: Signature:	OFFICE Denise Pongey Denise Pongey WISTRATOR or DESIGNEE INFORMATION - WASHINGTON CO. ANNEX OFFICE Bab Steward Bob Steward Bob Steward