BID RESPONSE PACKET 710-25-065

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION						
Company:						
Address:						
City:			State:		Zip Code:	
Business Designation:	☐ Individual ☐ Partnership	□ Sole □ Corp	Proprietorship oration		☐ Public Servic☐ Nonprofit	e Corp
Minority and Women-Owned Designation*:	☐ Not Applicable☐ African American☐ Asian American	☐ America ☐ Hispanio ☐ Pacific I:	c American slander American	Women-Ov	Service-Disabled Veteran Women-Owned	
	AR Certification #: * See Minority and Women-Owned Business 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 C	F REDACTED COP	Υ		
□ NO, a redacted	d copy of submission doc d copy of submission doc be released if requested.			d a full copy	of non-redac	ted submission
Note: If a redacted copy of the submission documents is not provided in the Bid Response Packet, and neither 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.						
	CO	MBINDED CER	TIFICATIONS FOR	И		
	ractor has included, in this he State of Arkansas.	Bid Response I	Packet, the signed At	tachment H	- Combined C	ertifications for
The signature belov	ized to bind the Prospec w signifies agreement that ctive Contractor's bid to	any exception t	hat conflicts with a R		•	icitation will
Authorized Signat	ure:		Title	i		
Printed/Typed Nar	Printed/Typed Name: Date:					

SECTIONS 1 - 4 VENDO	OR AGREEMENT AND COMPLIANCE	
 Any requested exceptions to items in this attachment to this page. Vendor must reference the specific solicitation item nu 	his section which are NON-MANDATORY must be declared below clearly explain the requested exception and should label the renumber to which the exception applies.	or as a equest t
Exceptions to Requirements shall cause	e Vendor's proposal to be disqualified.	
y signature below, Vendor agrees to and shall	I fully comply with all requirements as shown in the bid solicitation.	<u>.</u>
Vendor Name:	Date:	
Signature:	Title:	
Printed 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 PROPOS	E 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
Searcy			
Cross			
Jackson			

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 F)
- Mandatory Site Visit Verification Form (Attachment B)