

## BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Aquamen Cleaning				
Address:	1910 madison Ave #2088				
City:	Memphis	State:	TN	Zip Code:	38104
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit				
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American				
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:	Christian Gilbert	Title:	Owner		
Phone:	810 - 270 - 2577	Alternate Phone:			
Email:	AquamenCleaning223@gmail.com				
CONFIRMATION OF REDACTED COPY					
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.					
Note: If a redacted copy of the submission documents is not provided in the 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.					
COMBINED CERTIFICATIONS FORM					
Prospective Contractor has included, in this submission 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.**

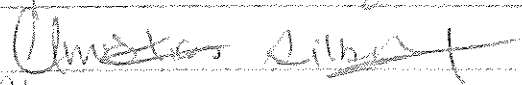
The signature below signifies agreement that any exception that conflicts with a Requirement of this Bid Solicitation will cause the Prospective Contractor's bid to be disqualified:

Authorized Signature: Christian Gilbert      Title: Owner  
 Printed/Typed Name: Christian Gilbert      Date: 04-15/25

## SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory 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 the 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 Cleaning	Date:	4/16/25
Signature:		Title:	owner
Printed Name:	Christian Gilbert		

## 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 that will inspect each building at least once a week to ensure that compliance with all specifications of this solicitation are met:

Arkansas County	
Name	Christen Gilbert
Address	3007 Lakewood drive E3 Seneshoro AR
Phone #	870-270-2577

Carroll County	
Name	
Address	
Phone #	

Cleburne County	
Name	
Address	
Phone #	



Contract Number \_\_\_\_\_  
Attachment Number \_\_\_\_\_

Action Number \_\_\_\_\_

Failure 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: \_\_\_\_\_

SUBCONTRACTOR NAME: \_\_\_\_\_

☐ Yes ☒ No

TAXPAYER ID NAME: \_\_\_\_\_

Aquamen Cleaning

IS THIS FOR:

Goods? ☐ Services? ☒ Both? ☐

YOUR LAST NAME: \_\_\_\_\_

Gilbert

FIRST NAME Christen

M.I.: T

ADDRESS: \_\_\_\_\_

1410 Madison Ave

#2088

CITY: \_\_\_\_\_

Memphis

STATE: TN

ZIP CODE: 38104

COUNTRY: US

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

### FOR INDIVIDUALS \*

Indicate below if: 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:

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	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.]	Relation
	Current	Former		From MM/YY	To MM/YY		
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☐ None of the above applies

### FOR AN ENTITY (BUSINESS) \*

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 Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY			
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

☐ None of the above applies



Contract Number \_\_\_\_\_  
Attachment Number \_\_\_\_\_  
Action 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 state agency I agree as follows:

1. 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.
2. I 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 party 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 contractor.*
3. 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 GRANT DISCLOSURE AND CERTIFICATION FORM completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, 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.


Signature *Christen Gilbert* Title *Burner* Date *04/15/25*  
Vendor Contact Person *Christen Gilbert* Title *Burner* Phone No. *810 270 2577*

Agency use only  
Agency Number 0710 Agency Name Department of Human Services Agency Contact Person \_\_\_\_\_ Contact Phone No. \_\_\_\_\_ Contract or Grant No. \_\_\_\_\_

## 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 710-25-058 for Janitorial Services.

<b>PROSPECTIVE CONTRACTOR'S REPRESENTATIVE INFORMATION</b>	
<b>Company Name:</b>	
<b>Representative's Printed Name:</b>	
<b>Signature:</b>	
<b>COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – CAROLL CO.</b>	
<b>Printed Name:</b>	
<b>Signature:</b>	
<b>Date of Site Visit:</b>	
<b>COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – CLEBURNE CO.</b>	
<b>Printed Name:</b>	
<b>Signature:</b>	
<b>Date of Site Visit:</b>	
<b>COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – ARKANSAS CO.</b>	
<b>Printed Name:</b>	Amy Greer
<b>Signature:</b>	
<b>Date of Site Visit:</b>	3/24/25



## 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.
- 2. 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: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Vendor Number: \_\_\_\_\_ Vendor Name: Aquamen Cleaning

Christopher Wilkerson  
Vendor Signature

04-15-25  
Date



## Attachment I

### 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."

Sonesboro Child Support
Marion Child Support
Hot Springs Child Support

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Printed/Typed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Christian Gilbert

Owner

Christian Gilbert

4/15/25

# STATE OF ARKANSAS



**Cole Jester**

ARKANSAS SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

I, Cole Jester, Arkansas Secretary of State of Arkansas, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of

## **Application for Certificate of Registration of For. LLC**

of

## **AQUAMEN CLEANING LLC**

filed in this office  
February 26, 2025

**In Testimony Whereof**, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 26th day of February 2025.

A handwritten signature in black ink, appearing to read "Cole Jester", is written over a horizontal line.

Cole Jester  
Secretary of State

Online Certificate Authorization Code: 83305967d19a8117da2  
To verify the Authorization Code, visit [sos.arkansas.gov](https://sos.arkansas.gov)



# OFFICIAL BID PRICE SHEET

## 710-25-072 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.

ITEM	DESCRIPTION	ESTIMATED QUANTITY (square feet)	UNIT PRICE (per square foot)	MONTHLY AMOUNT
1	Arkansas County	7,600	22	1672
2	Carroll County	8,097		
3	Cleburne County	5,321		

Number of hours bidder proposes to clean per day:

2

### AUTHORIZED SIGNATURE:

By my signature below, I certify that the I am authorized by the respondent to submit this bid on his/her behalf.

Vendor Name: Aquamen Cleaning LLC

Date: 04-15-25

Signature: 

Title: Owner

Printed Name: Christian Gilbert



## **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

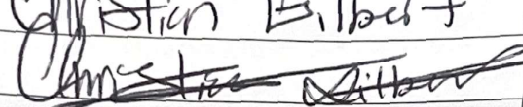
Aquaman Cleaning, LLC

[Aquamencleaning223@gmail.com](mailto:Aquamencleaning223@gmail.com) | 870-270-2577

## 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.
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PROSPECTIVE CONTRACTOR'S REPRESENTATIVE INFORMATION	
Company Name:	Aquamen Cleaning LLC
Representative's Printed Name:	Christian Bilbo
Signature:	
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION - CAROLL CO.	
Printed Name:	
Signature:	
Date of Site Visit:	
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION - CLEBURNE CO.	
Printed Name:	
Signature:	
Date of Site Visit:	
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION - ARKANSAS CO.	
Printed Name:	
Signature:	
Date of Site Visit:	

# Attachment I

## 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.

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Marion Child Support - 2 years

Jonesboro Child Support - 2 years

Hot Springs Child Support - 2 years

Authorized Signature: \_\_\_\_\_

Title: Owner

Printed/Typed Name: \_\_\_\_\_


Date: 01-28-25



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<b>PROSPECTIVE CONTRACTOR'S REPRESENTATIVE INFORMATION</b>	
<b>Company Name:</b>	
<b>Representative's Printed Name:</b>	
<b>Signature:</b>	
<b>COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – CAROLL CO.</b>	
<b>Printed Name:</b>	
<b>Signature:</b>	
<b>Date of Site Visit:</b>	
<b>COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – CLEBURNE CO.</b>	
<b>Printed Name:</b>	
<b>Signature:</b>	
<b>Date of Site Visit:</b>	
<b>COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – ARKANSAS CO.</b>	
<b>Printed Name:</b>	Amy Greer
<b>Signature:</b>	
<b>Date of Site Visit:</b>	3/24/25