

BID RESPONSE PACKET
710-23-0002R

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	CRAFTMASTER HARDWARE				
Address:	190 VETERANS DRIVE				
City:	NORTHVALE	State:	NJ	Zip Code:	07647
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit				
Minority and Women-Owned Designation*:	<input checked="" 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 <i>Minority and Women-Owned Business Policy</i>					


PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:	CRAIG LOGAN	Title:	SALES REPRESENTATIVE
Phone:	201-768-3217	Alternate Phone:	
Email:	CLOGAN@CRAFTMASTER.NET		

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" 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. <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's 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.</i>

ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.
ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract. <input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

An official authorized to bind the Prospective Contractor to a resultant contract must sign below.

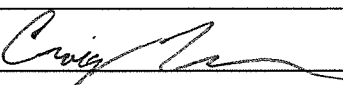
The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's bid to be disqualified:

Authorized Signature:  Title: SALES REPRESENTATIVE
 Printed/Typed Name: CRAIG LOGAN Date: 8/1/2022

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:	CRAFTMASTER HARDWARE	Date:	8/1/2022
Signature:		Title:	SALES REPRESENTATIVE
Printed Name:	CRAIG LOGAN		

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.

DOCUMENTATION CHECKLIST

As outlined in section 2.2 Minimum Qualifications in the solicitation document, please provide the following:

- Registration with the Arkansas Secretary of State's Office Arkansas Secretary of State
- Official Bid Price Sheet (*must be sealed separately*)
- 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)

Chapter Three:

General Employment Policies and Information

EQUAL EMPLOYMENT OPPORTUNITY

We are committed to equal-employment principles and comply with all applicable federal, state and local equal employment opportunity laws and regulations. The terms and conditions of the employment relationship with all worksite employees are to be non-discriminatory—without regard to age, race, color, national origin, gender (including pregnancy, childbirth or medical condition related to pregnancy or childbirth), gender identity or expression, religion, physical or mental disability, medical condition, legally protected genetic information, marital status, veteran status, military status, sexual orientation or any other protected category or class that may be applicable to you in the jurisdiction where you are employed.

Moreover, in accordance with federal and applicable state and local law, your company may be legally obligated to provide reasonable accommodations whenever necessary for individuals with known disabilities, including known limitations related to pregnancy, childbirth or related medical conditions, provided that such individuals are qualified to perform the essential functions and assignments of the job, with or without accommodation, and provided that any accommodations would not impose an undue hardship on the company or introduce a direct threat to the health and safety of the worksite employee with a disability or others. Any applicant or worksite employee who requires a reasonable accommodation during the application process or to perform the essential functions of the job should contact a company manager, a company officer or TriNet to request such an accommodation.

If you have any reason to believe that you (or someone else) have not been treated in accordance with this policy, you should immediately inform your manager, any other company manager or officer, or TriNet. All managers should immediately report such matters to the company contact for such complaints to TriNet.

EMPLOYMENT CATEGORIES

To address payroll, benefits and other issues, worksite employees are categorized in various ways. None of the categories alters the at-will employment policy.

GENERAL CATEGORIES

You will be assigned to one of the following four employment categories at any given time:

- **Full-time worksite employees** are regularly scheduled to work 30 hours or more per week (20 or more hours per week in Hawaii) and are generally eligible to elect coverage under the TriNet Benefits Plan (this applies to worksite employees only if the customer company has contracted with TriNet to offer benefits through TriNet). Refer to the Benefits Guidebook via the TriNet platform for further details.
- **Part-time worksite employees** are regularly scheduled to work less than 30 hours per week (20 hours per week in Hawaii). Part-time worksite employees are not eligible to elect coverage under the TriNet Benefits Plan unless legally required but may be eligible to apply for certain voluntary benefits as detailed in Chapter 6 of this handbook.
- **On-call or intermittent worksite employees** do not typically work specified schedules and are generally not eligible to apply for coverage under the TriNet Benefits Plan. However, on-call or intermittent worksite employees may be eligible to apply for certain voluntary benefits as detailed in Chapter 6 of this handbook.

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: July 29, 2022
SUBJECT: 710-23-0002R

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

OTHER

Page 2, Section 1.3 – Replace with the following:

TYPE OF CONTRACT

- A. A Term contract will be awarded to one (1) or more vendors.
- B. Any resultant contract of this Bid Solicitation shall be subject to State approval processes which may include Legislative review.
- C. The term of this contract shall be for one (1) year. The anticipated starting date for the contract is October 1, 2022. Upon agreement by the vendor and agency the contract may be renewed by the Office of Procurement (OP) on a year-to-year basis, for up to six (6) additional one-year terms or a portion thereof not to exceed a total aggregate contract term of seven (7) years.
- D. DHS, in its sole discretion, may award a contract to multiple Contractors, if it is in the best interest of the State to do so.

Page 6, Section 1.18.A.1 – Replace with the following:

AWARD PROCESS

A. Vendor Selection

1. Award(s) will be made to the Bidder(s) whose bid conforms to all conditions and requirements of the IFB, and consistent with the award criteria defined in this IFB Award priority will be made to lowest responsible, responsive bidders based on grand total. Consideration will only be given to those that bid all line items. Bidders must meet minimum qualifications. Bids must meet or exceed all defined specifications. Bids must meet all terms and conditions of this Invitation for Bid and the laws of the State of Arkansas.

It is the intent of DHS to receive items with the least overall expense to the state. Priority will be given to the lowest bidder and vendors will be contacted in ascending order from lowest price to highest price. However, DHS reserves the right to contact all vendors when other factors such as quality, selection of material and hardware, and availability requires a deviation from the established priority order. DHS, at its sole discretion, reserves the right to select the vendor that best meets the need of DHS.

DHS reserves the right to re-evaluate the priority order based on price changes and other relevant factors as determined by DHS.

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: Buyer's name, Buyer's email address and phone number.



Vendor Signature

8/1/2022

Date

CRAFTMASTER HARDWARE

Company

Contract Number _____
Attachment Number _____
Action Number _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

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: _____

☐ Yes ☒ No

IS THIS FOR:

Goods? ☒ Services? ☒ Both? ☐

TAXPAYER ID NAME: CRAFTMASTER HARDWARE

YOUR LAST NAME: LOGAN

FIRST NAME CRAIG

M.I.:

ADDRESS: 190 VETERANS DRIVE

CITY: NORHTVALE

STATE: NJ

ZIP CODE: 07647

COUNTRY: USA

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  Title SALES REPRESENTATIVE Date 8/1/2022

Vendor Contact Person CRAIG LOGAN Title SALES REPRESENTATIVE Phone No. (201) 768-3217

Agency use only

Agency Number 0710 Agency Name Department of Human Services

Agency Contact Person _____ Contract Phone No. _____ or Grant No. _____