

***BID RESPONSE PACKET***  
***710-23-0002R***

## BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	IDN-ACME, INC			
Address:	4668 New Betwell Road			
City:	Memphis	State:	TN	Zip Code: 38118
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 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 Minority and Women-Owned Business Policy				

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for bid solicitation related matters.			
Contact Person:	Randy Strickline	Title:	General Manager
Phone:	901-795-2250	Alternate Phone:	800 687 1263
Email:	RSTRICKLINE@IDNACME.COM		

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.
<p><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></p>

ILLEGAL IMMIGRANT CONFIRMATION
<p>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.</p>

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
<p>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.</p>
<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: <u>Randy Strickline</u>	Title: <u>GM</u>
Printed/Typed Name: <u>Randy Strickline</u>	Date: <u>7/29/2022</u>

## 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:	IDN-ACME, INC	Date:	7/29/2022
Signature:	Randy Strickline	Title:	GM
Printed Name:	Randy Strickline		

**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) ✓

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: SUBCONTRACTOR NAME:

☐ Yes ☒ No

IS THIS FOR:

TAXPAYER ID NAME:

Goods? ☒ Services? ☒ Both? ☐

YOUR LAST NAME:

FIRST NAME

M.I.:

ADDRESS:

CITY:

STATE:

ZIP CODE:

COUNTRY:

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?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
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 Randy Strickland Title GM Date 7/29/2022  
Vendor Contact Person Randy Strickland Title GM Phone No. 901 795 2250

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



## STATE OF ARKANSAS

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## Purchase Order

Vendor No. 100241914

Contact

Your reference

IDN GLOBAL INC  
IDN-ACME INC  
PO Box 13748  
NEW ORLEANS LA 70185

PO No. 4502086295

Date 06/08/2022

Contact Kymala Calloway

Telephone

Fax 501-404-4613

Our ref. SO

Incoterms FOB

DESTINATION

Send Invoice To:

Mail or E-mail invoice to:

Arkansas State Hospital,

305 S. Palm Little Rock AR 72205

dhsashaccounts payable@dhs.arkansas.gov

Ship To:

DHS AR STATE HOSPITAL

PURCHASING/MATERIAL MANAGEMENT

305 S PALM ST

LITTLE ROCK AR 72205

Delivery Date: 06/14/2022

\*\*\*\*(UPON COMPLETION OF THE PURCHASE ORDER, SEND A SHIPPING CONFIRMATION TO VERIFY COMPLETION OF SHIPMENT) \*\*\*\*

- # PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES.
- # THE ARKANSAS STATE HOSPITAL IS TAX EXEMPT. NO. IS 070203-84-001.
- # DELIVER ALL ITEMS TO MATERIAL MANAGEMENT/ PURCHASING DEPT.
- # NO OTHER A.S.H. DEPARTMENTS ARE AUTHORIZED TO RECEIVE THIS ORDER.
- # RECEIVING HOURS ARE 7 AM-3PM MONDAY THRU FRIDAY.

TO AVOID DELAYS IN PAYMENT CONFIRMATION OF LINE ITEM PRICES AND FINAL SHIPPING COST OR ANY PRICE CHANGES TO THE ATTACHED QUOTE MUST BE FAXED TO 501-683-3677 OR EMAIL TO (kymala.calloway@dhs.arkansas.gov)

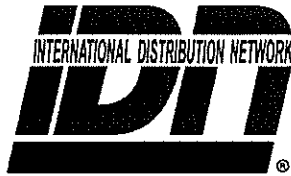
Item	Material/Description	Quantity	UM	Net Price	Net Amount
0001	10133463 BUILDING SUPPLIES,HARDWARE 8T37MSTK626 LESS CORE	2	EA	120.00	\$ 240.00
0002	10133463 BUILDING SUPPLIES,HARDWARE 1C6Q1 626 UNCOMBONATED CORE	50	EA	24.50	\$ 1,225.00

## GENERAL CONDITIONS AND INSTRUCTIONS TO VENDOR:

All purchasing rules and regulations defined by the State of Arkansas apply to this document.

Arkansas Department of Human Services





## **IDN Employee Handbook: SECTION II – Employment Policies: Equal Opportunity Employment (Non-Discrimination)**

IDN is an equal employment opportunity employer. Employment decisions are based on merit and business needs, and not on race, color, citizenship status, national origin, ancestry, gender, sexual orientation, age, religion, creed, physical or mental disability, marital status, veteran status, political affiliation, genetic information, or any other factor protected by law.

Management is primarily responsible for seeing that IDN's equal employment opportunity policies are implemented, but all members of the staff share in the responsibility for assuring that by their personal actions, the policies are effective and apply uniformly to everyone. Any employee involved in discriminatory practices will be subject to termination

## **SECTION II – Employment Policies**

### **Equal Opportunity Employment (Non-Discrimination)**

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Any employee involved in discriminatory practices will be subject to termination.

### **Workplace Violence Prevention**

IDN is committed to preventing workplace violence and to maintaining a safe work environment. Given the increasing violence in society in general, IDN has adopted the following guidelines to deal with intimidation, harassment, or other threats of (or actual) violence that may occur during business hours or on its premises.

All employees, including supervisors and temporary employees, should be treated with courtesy and respect at all times. Employees are expected to refrain from fighting, "horse-play," or other conduct that may be dangerous to others. Firearms, weapons, and other dangerous or hazardous devices or substances are prohibited from the premises of IDN without proper authorization.

Conduct that threatens, intimidates, or coerces another employee, a customer, or a member of the public at any time, including off-duty periods, will not be tolerated. This prohibition includes all acts of harassment, including harassment that is based on an individual's sex, race, age, or any characteristic protected by federal, state, local laws or corporate guidelines.

All threats of (or actual) violence, both direct and indirect, should be reported as soon as possible to your immediate supervisor or any other member of management. This includes threats by employees, as well as threats by customers, vendors, solicitors, or other members of the public. When reporting a threat of violence, you should be as specific and detailed as possible.

All suspicious individuals or activities should also be reported as soon as possible to a supervisor. Do not place yourself in peril. If you see or hear a commotion or disturbance near your workstation, do not try to intercede or see what is happening.

IDN will promptly and thoroughly investigate all reports of threats of (or actual) violence and of suspicious individuals or activities. The identity of the individual making a report will be protected as much as is practical. In order to maintain workplace safety and the integrity of its investigation, IDN may suspend employees, either with or without pay, pending investigation.

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