

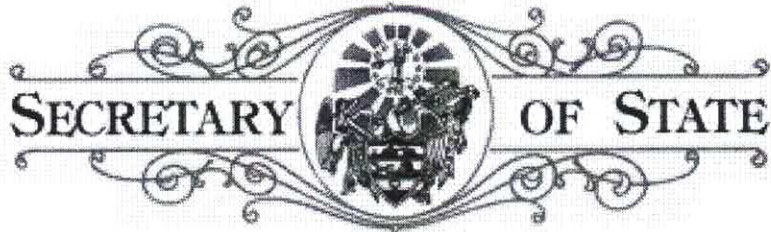
BID RESPONSE PACKET
710-23-0002R

m.i.t. Incorporated

dba

Ewert Inc.

STATE OF ARKANSAS



John Thurston

ARKANSAS SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

I, John Thurston, 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 Authority


of

EWERT WHOLESALE HARDWARE INC.

filed in this office

July 21, 2022

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 21st day of July 2022.


John Thurston
Secretary of State

Online Certificate Authorization Code: 55768462e3dff4e117a
To verify the Authorization Code, visit sos.arkansas.gov



BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	M.I.T. Incorporated dba Ewert Inc.			
Address:	5801 W 117th Place			
City:	Alsip	State:	IL	Zip Code: 60803
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:	Andy Trasper	Title:	Vice President
Phone:	708-597-0059	Alternate Phone:	224-456-6490
Email:	atrosper@ewertinc.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> <p><input type="checkbox"/> Prospective Contractor does not and will not boycott Israel.</p>

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: Marsha J Trasper Title: President
 Printed/Typed Name: Marsha J Trasper Date: July 29, 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:	M.I.T. Incorporated dba Ewert Inc	Date:	July 29, 2022
Signature:		Title:	President
Printed Name:	Marsha J Trooper		

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.**



EWERT
WHOLESALE SINCE 1894
Hardware, Security & Safety Products

5801 W 117th Place | Alsip, IL 60803
800-451-0200
www.ewertinc.com

Department of Human Services

Office of Procurement

700 Main Street

Little Rock, Arkansas 72201

To whom it may concern:

M.J.T. Incorporated dba Ewert Wholesale Hardware Inc. is a small business operating currently with 9 active employees. As a result, we are **not** required by law to have an Equal Employment Opportunity Policy. However, we do operate with an Employee Handbook which contains the following statements:

Equal Employment Opportunity

Our corporation is committed to equal employment opportunity. We will not discriminate against employees or applicants for employment on any legally-recognized basis ["protected class"] including, but not limited to: race; color; religion; genetic information; national origin; sex; pregnancy, childbirth, or related medical conditions; age; disability; citizenship status; uniform servicemember status; or any other protected class under federal, state, or local law.

In Illinois, the following also are a protected class: sexual orientation [including heterosexuality, homosexuality, bisexuality and gender-related identity]; pregnancy, childbirth, or related medical conditions; arrest records; criminal history (that has been sealed or expunged); credit history or credit report; genetic information and testing; mental or physical disability.

You may discuss equal employment opportunity related questions with human resources or any other designated member of management.

The above policy statement is how we operate and run our company daily.

Marsha Trosper

President

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.

Mark J. Morgan July 29, 2022
Vendor Signature Date
MJT Incorporated DBA Ewert, Inc.
Company

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 NAME:

☐ Yes ☒ No

IS THIS FOR:

Goods? ☐ Services? ☒ Both? ☐

TAXPAYER ID NAME:

M.T.T. Incorporated dba Ewert Inc

YOUR LAST NAME:

Trasper

FIRST NAME

Andy

M.I.:

ADDRESS:

5801 W 117th Place

CITY:

Alsip

STATE:

IL

ZIP CODE:

60803

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?	
	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

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 Marissa J. Morgan Title President Date July 29, 2022

Vendor Contact Person Andy Trostler Title Vice President Phone No. 708-597-0059

Agency use only

Agency _____

Number 0710

Name Department of Human Services

Agency _____

Contact Person _____

Contact _____

Phone No. _____

Contract _____

or Grant No. _____