



STATE OF ARKANSAS

OFFICE OF STATE PROCUREMENT

1509 West 7th Street, Room 300
Little Rock, Arkansas 72201-4222

RESPONSE PACKET

DCFS-18-1000

CAUTION TO VENDOR

Vendor's failure to submit required items and/or information as specified in the *Bid Solicitation Document* **shall** result in disqualification.



STATE OF ARKANSAS

Department of Human Services
Office of Procurement

for

Division of Children and Family Services

700 Main Street,
Little Rock, Arkansas 72203

RESPONSE SIGNATURE PAGE

Type or Print the following information.

| RESPONDENT'S INFORMATION | | | |
|--|---|-----------|---|
| Company: | | | |
| Address: | | | |
| City: | State: | Zip Code: | |
| Business Designation: | <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit | | |
| Minority Designation: <i>See Minority Business Policy</i> | <input type="checkbox"/> Not Applicable <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Service Disabled Veteran | | |
| | AR Minority Certification #: _____ | | Service Disabled Veteran Certification #: _____ |

| VENDOR CONTACT INFORMATION | |
|---|------------------|
| <i>Provide contact information to be used for bid solicitation related matters.</i> | |
| Contact Person: | Title: |
| Phone: | Alternate Phone: |
| Email: | |

| 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. <i>Note: If a redacted copy of the submission documents is not provided with vendor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), shall be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i> |

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

The signature below signifies agreement that either of the following **shall** cause the vendor's response to be disqualified:

- Additional terms or conditions submitted in their response, whether submitted intentionally or inadvertently.
- Any exception that conflicts with a Requirement of this *Bid Solicitation*.

Authorized Signature: _____ Title: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

SECTION 1 - 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 response to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: _____ **Date:** _____

SECTION 2 - 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 response to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: _____ **Date:** _____

SECTIONS 3, 4, 5 - VENDOR AGREEMENT AND COMPLIANCE

- *Exceptions to Requirements **shall** cause the vendor's response to be disqualified.*

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____

Use Ink Only.

Printed/Typed Name: _____ **Date:** _____

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

VENDOR 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 |
|------------------------------|----------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

☐ **VENDOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

By signature below, vendor agrees to and **shall** fully comply with all Requirements related to subcontractors as shown in the bid solicitation.

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

INFORMATION FOR EVALUATION

- Provide a response to each item/question in this section. Vendor may expand the space under each item/question to provide a complete response.
- **Do not** include additional information if not pertinent to the itemized request.

E.1 SUBMISSION CHECKLIST

- ☐ Business entity paperwork from Arkansas Secretary of State Office
- ☐ Detail background description of organization
- ☐ Detail description of similar projects
- ☐ Resumes and credentials of those to work under the contract
- ☐ Three letters of recommendation and three letters of recommendation for subcontractor(s) if applicable.
- ☐ Paperwork with Medicaid number that verifies that vendor is a Medicaid outpatient mental health provider.
- ☐ *Equal Employment Opportunity Policy*
- ☐ EO 98-04 Disclosure Form – *Contract Grant and Disclosure Form*
- ☐ Indicate below the area(s) and county(s) in which services are proposed to be provided.
(see Attachment C for areas and counties)

| Entire Area(s) | YES | NO |
|----------------|-----|----|
| Area 1 | | |
| Area 2 | | |
| Area 3 | | |
| Area 4 | | |
| Area 5 | | |
| Area 6 | | |
| Area 7 | | |
| Area 8 | | |
| Area 9 | | |
| Area 10 | | |

If not entire area, list proposed counties per area:
