



STATE OF ARKANSAS

Department of Human Services

Office of Procurement

700 Main Street, Little Rock, AR 72201

BID RESPONSE PACKET

Invitation for Bid

710-17-0005R

THIRD PARTY LIABILITY AND RECOVERY SERVICES

CAUTION TO VENDOR

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



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PROPOSAL 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 proposal to be disqualified:

- Additional terms or conditions submitted in their proposal, 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 proposal 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 proposal 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 - VENDOR AGREEMENT AND COMPLIANCE

- 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 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: _____

OFFICIAL BID PRICE SHEET

As noted below, the numbers 1 through 3 are to be based upon contingency pricing. Number 4 requires a flat fee. See Scoring of Price below:

Respondent proposes to do the work described in this IFB at the following proposed rate(s) or cost(s) during the anticipated contract period:

ITEM	DESCRIPTION	UNIT OF MEASURE	PRICE
1.	Net Revenue Collections \$0.00 to \$15,000,000.00 Base Bid on \$15,000,000.00 as per below.	%	
2.	Net Revenue Collections \$15,000,001.00 and Over Base Bid on \$15,000,001.00 as per below.	%	
3.	Mass Tort & Credit Balance Collections Base Bid on \$1,500,000.00 in Collections	%	
4.	Newly identified and verified Health Insurance (flat fee) Base Flat Fee on 95,000 newly identified Insurance	\$	

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Signature by Officer of Organization Authorized
to Contractually Obligate

Title

Date

Sample Scoring Matrix

- 1) Percentage based upon \$15,000,000.00 in Net Revenue Collections, example $15m \times 7\% = \$1,050,000.00$
- 2) Percentage based upon \$15,000,001.00 in Net Revenue Collections, example $15,000,001 \times 7\% = \$1,050,000.07$
- 3) Percentage based upon \$1,500,000.00 in Collections, example $\$1,500,000 \times .08 = \$120,000.00$
- 4) Flat Fee based upon 95,000 newly Identified Health Insurance, example $95,000 \times \$24.00 = \$2,280,000.00$

Total Scoring Cost \$4,500,000.07