

**ATTACHMENT B**  
**Statement of Acknowledgment**

NAME OF ORGANIZATION			
ADDRESS		Phone #	
email		FAX #	
TAXPAYER IDENTIFICATION / SOCIAL SECURITY #:			
Check if entity is a minority vendor <input type="checkbox"/>	Check the box that applies: <input type="checkbox"/> State Agency <input type="checkbox"/> Local Gov't <input type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit		Check if the respondent is, or has filed for, the status of Corporation, Limited Liability Company, Limited Partnership, or Limited Liability Partnership <input type="checkbox"/> Yes <input type="checkbox"/> No

## PERSON AUTHORIZED BY ORGANIZATION TO CONTRACTUALLY OBLIGATE THE ORGANIZATION:

NAME:		TITLE:	
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## PERSON AUTHORIZED BY ORGANIZATION TO NEGOTIATE THE CONTRACT ON BEHALF OF THE ORGANIZATION:

NAME:		TITLE:	
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## CORPORATE PRESIDENT'S NAME AND ADDRESS (IF NOT APPLICABLE, SO NOTE):

NAME:		ADDRESS:	
OFFICIAL TITLE:			

Does the proposal contain confidential information? If "Yes", submit a redacted copy and explain on an attachment.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the respondent previously contracted with the Arkansas Department of Human Services (DHS)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has a respondent's principal officer (President, Vice President, Chairperson of the Board of Directors, and other executive officers) or any individual with ownership interest in the entity been terminated previously from a DHS program or been convicted of Medicare or Medicaid fraud?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the respondent intend to offer services through a subcontractor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If services are to be provided by a subcontractor, are the required statements attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the proposal contain the required number of copies of the proposal in the required format and contain all required information?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the respondent refrained from including pricing information in the Technical Proposal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the respondent certify that he/she has read, understands and agrees to comply with all the terms and conditions as set forth in the IFB without qualification?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the respondent certify that it does NOT discriminate in its employment practices with regard to race, color, religion, age, sex, national origin, or handicap?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the person signing this Statement certify that he/she is authorized to make decisions as to, and is responsible for the prices quoted, that the offer is firm and binding, and that he/she has not participated, and will not participate in any action contrary to the above conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the respondent authorize DHS or its agents to verify the financial information requested in the IFB?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the respondent commit to adhere to an established system of accounting and financial controls adequate to permit the effective administration of the contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the respondent certify that no attempt has been made, or will be made, to persuade others to or NOT to submit proposals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the respondent received any amendments to this IFB? If "Yes", how many? _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the respondent certify that the proposal remains valid through the selection, and contract period?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was the respondent's cost proposal arrived at independently without collusion, consultation, communication, or agreement with any other respondent(s) or with any competitor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

By signature of this form and submission of a proposal in response to this IFB the respondent acknowledges that the above statements are true and accurate.

Signature by Officer of Organization Authorized to Contractually Obligate	Title	Date