

BID RESPONSE PACKET
SP-18-0041

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:				
Address:				
City:		State:		Zip Code:
Business Designation:	<div style="display: flex; justify-content: space-between; padding: 5px;"> <div> <input type="checkbox"/> Individual <input type="checkbox"/> Partnership </div> <div> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation </div> <div> <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Nonprofit </div> </div>			
Minority and Women-Owned Designation*:	<div style="display: flex; justify-content: space-between; padding: 5px;"> <div> <input type="checkbox"/> Not Applicable <input type="checkbox"/> African American </div> <div> <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic American </div> <div> <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American </div> <div> <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> Women-Owned </div> </div>			
<div style="display: flex; justify-content: space-between;"> AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i> </div>				

PROSPECTIVE CONTRACTOR 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 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>
ILLEGAL IMMIGRANT CONFIRMATION
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.
ISRAEL BOYCOTT RESTRICTION CONFIRMATION
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.
<input 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: _____ **Title:** _____
Use Ink Only.

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

Prospective Contractor Checklist

1. Read all pages of CB document.
2. Complete and sign page one (1) of bid response.
3. Complete Proposed Subcontractors form, if applicable.
4. Adhere to all Mandatory Walk-thru instructions
 - A. Don't be late for your scheduled walk-thru of the facility in which you are touring.
 - B. You **must** be on time and ready to begin the tour at the designated scheduled time if you want to participate in the bidding process.
 - C. Prospective Contractors **shall** be turned away at the door for non-compliance if you are past the scheduled time.
 - D. Your bid **shall** be rejected if you do not attend the scheduled walk-thru and return your signed verification form.
 - E. Your form **must** be signed and dated at the beginning of the tour by ADC authorized personnel along with your company name, signature and date.
 - F. It is your responsibility to return your signed and dated form in with your bid submission to the Office of State Procurement. If form is not included within the bid submission, Prospective Contractor has 72 hours to submit when requested by OSP.
5. Complete Official Pricing Sheet.
6. Indicate Minority Business status, if applicable.
7. Provide copy of Equal Employment Opportunity Policy.
8. Complete Contract Grant and Disclosure Form (EO 98-04) for bids over \$25,000.

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.**

WALK-THRU VERIFICATION FORM

(Please print this form and bring with you to the MANDATORY Walk-thru)

Day 1

Walk-thru scheduled December 18, 2017 at 9:00 A.M.

Print Name: _____ Print Name: _____

Signature: _____ Signature: _____

Company Name: _____ Company Name: _____

I certify the above named Prospective Contractor(s) or Authorized Company Representative(s) has completed the 9 A.M., Central Time (CT) scheduled **Mandatory** Walk-thru for the Arkansas Department of Correction (ADC) at the following location:

East Arkansas Regional Unit
326 Lee 601
Brickeys, Arkansas 72320

Name of Authorized ADC Personnel: _____ (Print)

Signature: _____

WALK-THRU VERIFICATION FORM

(Please print this form and bring with you to the MANDATORY Walk-thru)

Day 1

Walk-thru scheduled December 18, 2017 at 2:00 P.M.

Print Name: _____ Print Name: _____

Signature: _____ Signature: _____

Company Name: _____ Company Name: _____

I certify the above named Prospective Contractor(s) or Authorized Company Representative(s) has completed the 2 P.M., Central Time (CT) scheduled **Mandatory** Walk-thru for the Arkansas Department of Correction (ADC) at the following location:

Mississippi County Work Release
727 North County Rd 599
Luxora, Arkansas 72358

Name of Authorized ADC Personnel: _____ (Print)

Signature: _____

WALK-THRU VERIFICATION FORM

(Please print this form and bring with you to the MANDATORY Walk-thru)

Day 2

Walk-thru scheduled at December 19, 2017 at 9:00 A.M.

Print Name: _____

Print Name: _____

Signature: _____

Signature: _____

Company Name: _____

Company Name: _____

I certify the above named Prospective Contractor(s) or Authorized Company Representative(s) has completed the 9 A.M., Central Time (CT) for the scheduled **Mandatory** Walk-thru for the Arkansas Department of Correction (ADC) at the following location:

Grimes Unit
300 Corrections Drive
Newport, Arkansas 72112

Name of Authorized ADC Personnel: _____ (Print)

Signature: _____

WALK-THRU VERIFICATION FORM

(Please print this form and bring with you to the MANDATORY Walk-thru)

Day 2

Walk-thru scheduled December 19, 2017 at 2:00 P.M.

Print Name: _____

Print Name: _____

Signature: _____

Signature: _____

Company Name: _____

Company Name: _____

I certify the above named Prospective Contractor(s) or Authorized Company Representative(s) has completed the 2 P.M., Central Time (CT) for the scheduled **Mandatory** Walk-thru for the Arkansas Department of Correction (ADC) at the following location:

North Central Unit
10 Prison Circle
Calico Rock, Arkansas 72519

Name of Authorized ADC Personnel: _____ (Print)

Signature: _____

WALK-THRU VERIFICATION FORM

(Please print this form and bring with you to the MANDATORY Walk-thru)

Day 3

Walk-thru scheduled December 19, 2017 at 9:00 A.M.

Print Name: _____

Print Name: _____

Signature: _____

Signature: _____

Company Name: _____

Company Name: _____

I certify the above named Prospective Contractor(s) or Authorized Company Representative(s) has completed the 9 A.M., Central Time (CT) for the scheduled **Mandatory** Walk-thru for the Arkansas Department of Correction (ADC) at the following location:

Pine Bluff Unit
890 Freeline Drive
Pine Bluff, Arkansas 71603

Name of Authorized ADC Personnel: _____ (Print)

Signature: _____

WALK-THRU VERIFICATION FORM

(Please print this form and bring with you to the MANDATORY Walk-thru)

Day 3

Walk-thru scheduled December 20, 2017 at 1:00 P.M.

Print Name: _____

Print Name: _____

Signature: _____

Signature: _____

Company Name: _____

Company Name: _____

I certify the above named Prospective Contractor(s) or Authorized Company Representative(s) has completed the 1 P.M., Central Time (CT) for the scheduled **Mandatory** Walk-thru for the Arkansas Department of Correction (ADC) at the following location:

Wrightsville Unit
8400 Hwy 386
Wrightsville, Arkansas 72183

Name of Authorized ADC Personnel: _____ (Print)

Signature: _____

WALK-THRU VERIFICATION FORM

(Please print this form and bring with you to the MANDATORY Walk-thru)

Day 4

Walk-thru scheduled December 21, 2017 at 9:00 A.M.

Print Name: _____

Print Name: _____

Signature: _____

Signature: _____

Company Name: _____

Company Name: _____

I certify the above named Prospective Contractor(s) or Authorized Company Representative(s) has completed the 9 A.M., Central Time (CT) for the scheduled **Mandatory** Walk-thru for the Arkansas Department of Correction (ADC) at the following location:

Delta Regional Unit
880 E. Gaines
Dermott, Arkansas 71638

Name of Authorized ADC Personnel: _____ (Print)

Signature: _____

WALK-THRU VERIFICATION FORM

(Please print this form and bring with you to the MANDATORY Walk-thru)

Day 4

Walk-thru scheduled December 21, 2017 at 1:30 P.M.

Print Name: _____

Print Name: _____

Signature: _____

Signature: _____

Company Name: _____

Company Name: _____

I certify the above named Prospective Contractor(s) or Authorized Company Representative(s) has completed the 1:30 P.M., Central Time (CT) for the scheduled **Mandatory** Walk-thru for the Arkansas Department of Correction (ADC) at the following location:

Tucker Unit
2400 State Farm Rd.
Tucker, Arkansas 72168

Name of Authorized ADC Personnel: _____ (Print)

Signature: _____

WALK-THRU VERIFICATION FORM

(Please print this form and bring with you to the MANDATORY Walk-thru)

Day 4

Walk-thru scheduled December 21, 2017 at 2:30 P.M.

Print Name: _____

Print Name: _____

Signature: _____

Signature: _____

Company Name: _____

Company Name: _____

I certify the above named Prospective Contractor(s) or Authorized Company Representative(s) has completed the 2:30 P.M., Central Time (CT) for the scheduled **Mandatory** Walk-thru for the Arkansas Department of Correction (ADC) at the following location:

Maximum Security Unit
2501 State Farm Rd.
Tucker, Arkansas 72168

Name of Authorized ADC Personnel: _____ (Print)

Signature: _____

OFFICIAL BID PRICE SHEET

ITEM	QTY	DESCRIPTION	BRAND	MODEL NUMBER	UNIT PRICE/EACH
1	1	Industrial Washer-Extractor, 440-460/60/3 phase			\$
2	1	Industrial Washer-Extractor, 208-240/60/3 phase			\$
3	1	Industrial Washer-Extractor, 480/60/3 phase			\$
4	1	Industrial Washer-Extractor, 208-240/60/3 phase			\$
5	1	Industrial Washer-Extractor, 208-230/60/3 phase			\$
6	1	Industrial Washer-Extractor, 220-240/60/3 phase			\$
7	1	Industrial Washer-Extractor, 208-240/60/3 phase			\$
8	1	Industrial Washer-Extractor, 208-230/60/3 phase			\$
9	1	Commercial Dryer, 460-480/60/3 phase			\$
10	1	Commercial Dryer, 208-240/60/3 phase			\$
11	1	Commercial Dryer, 208-230/60/3 phase			\$
12	1	Commercial Dryer, 460/60/3 phase			\$
13	1	Commercial Dryer, 208-230/60/3 phase			\$