



**STATE OF ARKANSAS**  
**DEPARTMENT OF HUMAN SERVICES**  
**OFFICE OF PROCUREMENT**  
700 Main Street  
Little Rock, Arkansas 72201

***RESPONSE PACKET***  
***710-17-1000***

**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**  
 700 Main Street  
 Little Rock, Arkansas 72201

## 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"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <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"/> American Indian	<input type="checkbox"/> Hispanic American <input type="checkbox"/> Asian American	<input type="checkbox"/> Pacific Islander 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), <b>shall</b> 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.

<b>Vendor Name:</b>		<b>Date:</b>	
<b>Authorized Signature:</b>		<b>Title:</b>	
<b>Print/Type Name:</b>			

## **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.

Vendor Name:		Date:	
Authorized Signature:		Title:	
Print/Type Name:			

**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.

Vendor Name:		Date:	
Authorized Signature:		Title:	
Print/Type Name:			

## **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 VENDOR CONTACT INFORMATION**

Provide primary and secondary contact information to be used by DHS during in their maintenance and administration of the resulting *Vendor Listing*.

	Primary Contact	Secondary Contact
Name		
Title		
Phone		
Email		

### **E.2 AREAS OF EXPERTISE**

Indicate below the areas of expertise in which your company can provide consulting service to DHS.

- ☐ Actuarial Services
- ☐ State Administration and Reporting for the Medicaid Program
- ☐ Business Process Review and Reengineering
- ☐ Project Management Services
- ☐ Federal Cost Allocation Plans
- ☐ Medicaid, National Health and Federal Child Welfare Law, Policy Development and Program Implementation
- ☐ Data Analytics
- ☐ Procurement Support
- ☐ Technical and Grant Writing
- ☐ Human Resources
- ☐ Public Relations