

***BID RESPONSE PACKET***  
***SP-20-0113***

## **BID CHECKLIST**

Completed and Signed Bid Signature Page	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exceptions Form, if applicable	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
EO 98-04 Disclosure Form	<input type="checkbox"/> Yes <input type="checkbox"/> No
Equal Opportunity Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proposed Subcontractors Form	<input type="checkbox"/> Yes <input type="checkbox"/> No
Official Solicitation Price Sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No

## **EXCEPTIONS FORM**

Prospective Contractor should document all exceptions related to terms in the “Standard Contract” and “Solicitation Terms and Conditions.”

ITEM #	REFERENCE (SECTION, PAGE, PARAGRAPH)	DESCRIPTION	PROPOSED LANGUAGE
1.			
2.			
3.			

# BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'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 and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> African American <input type="checkbox"/> Asian American	<input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> Women-Owned	
	AR Certification #: _____		* See Minority and Women-Owned Business Policy in Solicitation Terms and Conditions	

PROSPECTIVE CONTRACTOR CONTACT INFORMATION	
Provide contact information to be used for bid solicitation-related matters.	
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 Solicitation Terms and Conditions for additional information.</i>

ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Bid Solicitation</i> , Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants and shall not employ or contract with illegal immigrants during the term of a contract awarded as a result of this bid solicitation.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, Prospective Contractor agrees and certifies that they do not boycott Israel and shall not during the aggregate term of a contract awarded as a result of this bid solicitation.
<input type="checkbox"/> Prospective Contractor does not and shall not boycott Israel.

**An official authorized to legally bind the Prospective Contractor must sign below.**

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* **may cause the Prospective Contractor's proposal to be rejected.**

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
*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.

**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.**

## OFFICIAL PRICE SHEET

Estimated number of Pounds per month	Cost Per Pound	Unscheduled Trip Charge per Each	Extended Price
<b>Central Region</b> Estimated - 350 lbs./month	\$		\$
<b>Northeast Region</b> Estimated – 790 lbs./month	\$		\$
2 each Unscheduled Trip Charge for any Region location		\$	\$
<b>Northwest Region</b> Estimated – 770 lbs./month	\$		\$
4 each Unscheduled Trip Charge for any Region location		\$	\$
<b>Southeast Region</b> Estimated – 310 lbs./month	\$		\$
1 each Unscheduled Trip Charge for any Region location:		\$	\$
<b>Southwest Region</b> Estimated – 430 lbs./month	\$		\$
1 each Unscheduled Trip Charge for any Region location:		\$	\$

TOTAL PRICE	\$
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**Per IFB item 1.10:**

The agency requests delivery within two (2) working days after receipt of the order. If this delivery date cannot be met, the Prospective Contractor must state the alternate number of days required to begin and complete the service. Failure to state the alternate delivery time obligates the Contractor to complete delivery by the agency's requested date. Extended delivery dates may be considered when in the best interest of the State.

**Alternate Delivery:** \_\_\_\_\_ **Days after receipt of order.**