

BID RESPONSE PACKET
SP-21-0040

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 |
| VPAT : https://www.itic.org/policy/accessibility/vpat (Use the VPAT 2.3Rev 508 version) | <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"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit | | | |
| Minority and Women-Owned Designation*: | <input type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American | | | |
| AR Certification #: _____ | | * See <i>Minority and Women-Owned Business Policy</i> in <i>Solicitation Terms and Conditions</i> | | |

| 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 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 |
|------------------------------|----------------|------------------|
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☐ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**