

BID RESPONSE PACKET
710-23-0003

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> | | | | |

| 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:** _____

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

SECTIONS 1 - 4 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 proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all requirements as shown in the bid solicitation.

| | | | |
|----------------------|--|---------------|--|
| Vendor Name: | | Date: | |
| Signature: | | Title: | |
| Printed Name: | | | |

DOCUMENTATION CHECKLIST

As outlined in section 2.3 Minimum Qualifications in the solicitation document, please provide the following:

- Official documentation of active registration from the Arkansas Secretary of State's Office
- Copy of current Arkansas medical licensure
- Certification, agreement, or statement of privileges to practice in a hospital located in Conway
- Three (3) references that can attest to the bidder's years of experience providing physician services to developmentally disabled individuals. References must not be from current DHS employees. Each reference should include the following without limitation: the reference's full name, professional title, current phone number, mailing address, and email address.
- Official Bid Price Sheet
- All documents provided in the bid response packet
- EO 98-04 Disclosure Form (Attachment A)
- Copy of Vendor's Equal Opportunity Policy