

***COMPETITIVE BID RESPONSE PACKET***  
***710-22-0015***

# 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.

<b>Vendor Name:</b>		<b>Date:</b>	
<b>Signature:</b>		<b>Title:</b>	
<b>Printed Name:</b>			

# 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 BID PRICE SHEET

- Pricing must include all associated costs for each item.
- Pricing must be provided for all items.
- Costs not listed below are not billable under a contract established from this solicitation.

ITEM	DESCRIPTION	ESTIMATED YEARLY QTY	UNIT OF MEASURE	UNIT PRICE (Per Case)	EXTENDED AMOUNT (QTY x Unit Price)
1.	Capacity:7.5 – 10 Gallon Linear Low-Density Polyethylene (LLDPE) Capacity: 7.5 – 10 GAL Size: 15" X 9" X 23" Minimum Gauge: 1 MIL Color: Clear Minimum Quantity: 500 Per Case	2850 Cases	EACH		
2.	Linear Low-Density Polyethylene (LLDPE) Capacity: 33 GAL Size: 23"X10"X39" Minimum Gauge: 1.5 MIL Color: Clear Minimum Quantity:250 Per Case	695 Cases	EACH		
3.	Linear Low-Density Polyethylene (LLDPE) Capacity: 55 GAL Size: 22"X16"X58" Minimum Gauge: 2 MIL Color: White Minimum Quantity: 100 Per Case	2095 Cases	EACH		
4.	Linear Low-Density Polyethylene (LLDPE) Capacity: 30 GAL Size: 16" X 14" X 36" Minimum Gauge: 2 MIL Color: Opaque Minimum Quantity: 250 Per Case NOTE: No substitute on color.	650 Cases	EACH		
5.	Linear Low-Density Polyethylene (LLDPE) Capacity: 55 GAL Size: 38" X 60" Minimum Gauge: 1.5 MIL Color: Black Minimum Quantity: 100 Per Case NOTE: Super-Heavy Grade, star seal Bottom	600 Cases	EACH		
6.	High Density HDPE Capacity: 55 GAL Size: 36" X 52" Minimum Gauge: 14 MIC Color: Clear Minimum Quantity: 200 Per Case NOTE: Closure must be with handles/flaps, or tie-to-tie. No twist ties allowed	400 Cases	EACH		
7.	High Density HDPE Capacity: 45 GAL Size: 40"x 48" Minimum Gauge: 16 MIC Color: Clear Minimum Quantity: 250 Per Case	3100 Cases	EACH		

8.	Linear Low-Density Polyethylene (LLDPE) Capacity: 55 - 60 GAL Size 38"x58" Minimum Gauge: 2.5 MIL Color: Clear Minimum Quantity: 100 Per Case	375 Cases	EACH		
9.	Linear Low-Density Polyethylene (LLDPE) Brand: Capacity: 55 GAL Size: 26 1/2" top x 22" bottom x 33" height (55 Gallon Continental "Huskee") Measurements for can liners: Length: 55in Width: 44in Circumference: 88in container size) Minimum Gauge: 2.5 mil Color: Black Minimum Quantity: 100 Per Roll* Liners must be in a 'roll' and should be in a dispenser' box. 'Indicate # of bags per roll.	120 Cases	EACH		
10.	Linear Low-Density Polyethylene (LLDPE) Capacity: 32 GAL Size: 21" top x 18" bottom x 28" height (32 Gallon Rubbermaid "Brute" round trash can) measurements for liners: Length: 39in Width: 34in Circumference: 68in Minimum Gauge: 2 mil Color: Black Minimum Quantity: 250 liners Per Roll* Liners must be in a 'roll' and should be in a dispenser' box. Indicate # of bags per roll..	310 Cases	EACH		

**NOTE:** Brand for all liners is Bost or Approved Equal.

Alternate Delivery: \_\_\_\_\_ working days after receipt of order.

## CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: \_\_\_\_\_

Yes  No

IS THIS FOR:

Goods?

Services?  Both?

TAXPAYER ID NAME: \_\_\_\_\_

YOUR LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

M.I.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

**AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:**

### FOR INDIVIDUALS \*

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	Relation
	Current	Former		From MM/YY	To MM/YY		
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

### FOR AN ENTITY (BUSINESS) \*

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name, and what is his/her % of ownership interest and/or what is his/her position of control?	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%) Position of Control
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

## Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:  

*Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.*
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

**I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.**

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Vendor Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Phone No. \_\_\_\_\_

*Agency use only*  
Agency Number \_\_\_\_\_ Agency Name \_\_\_\_\_ Agency Contact Person \_\_\_\_\_ Agency Contact Phone No. \_\_\_\_\_ Contract or Grant No. \_\_\_\_\_