***BID RESPONSE PACKET   
SP-##-####***

**BID CHECKLIST**

|  |  |
| --- | --- |
| Completed and Signed Bid Signature Page | 🖵 Yes 🖵 No |
| Exceptions Form, if applicable | 🖵 Yes 🖵 N/A |
| EO 98-04 Disclosure Form | 🖵 Yes 🖵 No |
| Equal Opportunity Policy | 🖵 Yes 🖵 No |
| Proposed Subcontractors Form | 🖵 Yes 🖵 No |
| VPAT : <https://www.itic.org/policy/accessibility/vpat> (Use the VPAT 2.3Rev 508 version) | 🖵 Yes 🖵 No |
| Official Solicitation Price Sheet | 🖵 Yes 🖵 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*:* | Individual | | Sole Proprietorship | | | | | Public Service Corp | | |
| Partnership | | Corporation | | | | | Nonprofit | | |
| Minority and Women-Owned Designation\**:* | Not Applicable | American Indian | | | | | Service Disabled Veteran | | | |
| African American | Hispanic American | | | | | Women-Owned | | | |
| Asian American | Pacific Islander American | | | | | | | | |
| 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** |
| YES, a redacted copy of submission documents is enclosed.  NO, a redacted copy of submission documents is not enclosed. I understand a full copy of non-redacted submission documents will be released if requested.  *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.* |
| **ILLEGAL IMMIGRANT CONFIRMATION** |
| By signing and submitting a response to this *Bid Solicitation*, 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.  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.**

# OFFICIAL SOLICITATION PRICE SHEET

**UNIT EXTENDED**

**ITEM MATERIAL/DESCRIPTION QTY UM PRICE PRICE**

1. **(Brief Description) (Qty) (Unit of Measure) $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_**

**Per IFB item 1.6:**

The agency requests delivery within XXXX [calendar or working] days after receipt of the order. If this delivery date cannot be met, the Prospective Contractor **shall** state below the alternate number of days required to begin the service and/or place the commodity in the ordering agency's designated location. 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.**