## BID CHECKLIST

<table>
<thead>
<tr>
<th>Completed and Signed Bid Signature Page</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exceptions Form, if applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EO 98-04 Disclosure Form</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Equal Opportunity Policy</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Proposed Subcontractors Form</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Official Solicitation Price Sheet</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
# BID SIGNATURE PAGE

**PROSPECTIVE CONTRACTOR'S INFORMATION**

<table>
<thead>
<tr>
<th>Company:</th>
<th>The Industrial Laboratories Company, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>4046 Youngfield Street</td>
</tr>
<tr>
<td>City:</td>
<td>West Ridge</td>
</tr>
<tr>
<td>State:</td>
<td>CO</td>
</tr>
<tr>
<td>Zip Code:</td>
<td>80023</td>
</tr>
</tbody>
</table>

**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 #:**

---

**PROSPECTIVE CONTRACTOR CONTACT INFORMATION**

**Provide contact information to be used for bid solicitation-related matters.**

- **Contact Person:** Seth Wong
- **Title:** President
- **Phone:** 303-287-7697
- **Alternate Phone:** 720-252-8621
- **Email:** swong@industriallabs.net

---

**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:** Seth Wong
- **Title:** President
- **Printed/Typed Name:** Seth Wong
- **Date:** October 1, 2020

---

*Bid Response Packet SP-21-0002 Page 4 of 6*
**EXCEPTIONS FORM**

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

<table>
<thead>
<tr>
<th>ITEM #</th>
<th>REFERENCE (SECTION, PAGE, PARAGRAPH)</th>
<th>DESCRIPTION</th>
<th>PROPOSED LANGUAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>SOCIAL SECURITY NUMBER</th>
<th>FEDERAL ID NUMBER</th>
<th>SUBCONTRACTOR</th>
<th>SUBCONTRACTOR NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAXPAYER ID #:</td>
<td>OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IS THIS FOR:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TAXPAYER ID NAME:</td>
<td>The Industrial Development Company</td>
<td>Goods?</td>
<td>Services?</td>
</tr>
</tbody>
</table>

Your Last Name: Wong
First Name: Earth
M.I.: HS

Address: 4046 Youngfield St
City: Little Rock
State: AR
Zip Code: 80038
Country: USA

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:

<table>
<thead>
<tr>
<th>Position Held</th>
<th>Mark (✓)</th>
<th>Name of Position of Job Held</th>
<th>For How Long?</th>
<th>What is the person(s) name and how are they related to you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Assembly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constitutional Officer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Board or Commission Member</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Employee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ None of the above applies

### FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, held any position of control or held 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.

<table>
<thead>
<tr>
<th>Position Held</th>
<th>Mark (✓)</th>
<th>Name of Position of Job Held</th>
<th>For How Long?</th>
<th>What is the person(s) name and what is his/her % of ownership interest and/or what position of control?</th>
</tr>
</thead>
</table>

☐ None of the above applies

*NOTE: PLEASE LIST ADDITIONAL DISCLOSURES ON SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED*
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 President __ Date Oct 2, 2020

Entity Contact Person Seth Way Title President Phone No. 364-283-1691

AGENCY USE ONLY

Agency ______________________ Agency Contact ______________________

Agency Number __________ Name __________

Agency Contact Person __________

Contact ______________________ Phone No. __________

Contract or Grant No. __________

FORMS AVAILABLE FROM OFFICE OF DISCLOSURE AND REVIEW (501) 682-5407

*NOTE: PLEASE LIST ADDITIONAL DISCLOSURES ON SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED*
The following statement regarding the company's Equal Employment Opportunity Policy is taken from the Industrial Laboratories Company, Inc. Employee Handbook.

1-1. Equal Employment Opportunity

Industrial Laboratories Company, Inc. is an Equal Opportunity Employer that does not discriminate on the basis of actual or perceived race, creed, color, religion, alienage or national origin, ancestry, citizenship status, age, disability or handicap, sex, marital status, pregnancy, veteran status, sexual orientation, genetic information, arrest record or any other characteristic protected by applicable federal, state or local laws. Our Management team is dedicated to this policy with respect to recruitment, hiring, placement, promotion, transfer, training, compensation, benefits, employee activities and general treatment during employment.

Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008 protects applicants and employees from discrimination based on genetic information in hiring, promotion, termination, pay, fringe benefits, job training, classification, referral and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees or their family members.

The Company will endeavor to accommodate the sincere religious beliefs of its employees to the extent such accommodation does not pose an undue hardship on the Company's operations. Employees who wish to request such an accommodation should speak to the Controller.

Any employees with questions or concerns about equal employment opportunities in the workplace are encouraged to bring these issues to the attention of the Controller. The Company will not allow any form of retaliation against individuals who raise issues of equal employment opportunity. To ensure our workplace is free of artificial barriers, violation of this policy will lead to discipline, up to and including termination. All employees must cooperate with all investigations.
**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:

<table>
<thead>
<tr>
<th>Subcontractor's Company Name</th>
<th>Street Address</th>
<th>City, State, ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Kentucky</td>
<td>1490 Bull Lea Rd</td>
<td>Lexington, KY 40511</td>
</tr>
</tbody>
</table>

☐ PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.
## OFFICIAL SOLICITATION PRICE SHEET

### DRUG TESTING SERVICES - VETERINARY

**OAKLAWN PARK - HOT SPRINGS, AR - EQUINE**

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Estimated Annual Quantity</th>
<th>Cost Per Each Test</th>
<th>Estimated Extended Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Milkshake TC02*</td>
<td>570</td>
<td>$12.00</td>
<td>$6,840.00</td>
</tr>
<tr>
<td>2</td>
<td>Super Test</td>
<td>1,200</td>
<td>$105.00</td>
<td>$126,000.00</td>
</tr>
<tr>
<td>3</td>
<td>Super Test (TOBA)</td>
<td>100</td>
<td>$105.00</td>
<td>$10,500.00</td>
</tr>
<tr>
<td>4</td>
<td>Cobalt</td>
<td>300</td>
<td>$25.00</td>
<td>$7,500.00</td>
</tr>
<tr>
<td>5</td>
<td>EPO</td>
<td>150</td>
<td>$10.00</td>
<td>$1,500.00</td>
</tr>
<tr>
<td>6</td>
<td>Equine Hair Testing</td>
<td>500</td>
<td>$150.00</td>
<td>$75,000.00</td>
</tr>
<tr>
<td>7</td>
<td>Out of Competition Testing</td>
<td>500</td>
<td>$105.00</td>
<td>$52,500.00</td>
</tr>
</tbody>
</table>

**OAKLAWN PARK - TOTAL** $279,840.00

### SOUTHLAND PARK - WEST MEMPHIS, AR - CANINE

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Estimated Annual Quantity</th>
<th>Cost per each Test</th>
<th>Estimated Extended Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Urine Testing</td>
<td>6,200</td>
<td>$40.00*</td>
<td>$248,000.00</td>
</tr>
</tbody>
</table>

**SOUTHLAND PARK - TOTAL** $248,000.00

*40.00 based on two pooled samples. 75.00 per sample unpooled.

**ESTIMATED ANNUAL GRAND TOTAL** $527,840.00

---

Per IFB item 1.18:  
**Tech Support Number:** 720-214-2060

Per IFB item 1.22:  
The agency requests delivery within five (5) business days after receipt of the order. If this delivery date cannot be met, the Prospective Contractor must 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: 5 Days after receipt of order.
TO: Vendors Addressed
FROM: Judy Shirley, Buyer
DATE: October 1, 2020
SUBJECT: SP-21-0002, Equine and Canine Drug Testing

The following change(s) to the above-referenced IFB have been made as designated below:

- Change of specification(s)  
- Additional specification(s)  
- Change of bid opening time and date  
- Cancellation of bid  
- Other

**BID OPENING DATE AND TIME**

- Bid opening date and time shall remain unchanged.

**CHANGE OF SPECIFICATION**

- Delete Section 1.11.B. and replace with the following:

  1.11.B. Laboratory proficiency testing scores should be submitted with the bid submission but must be submitted electronically, within seven (7) business days, as requested by DFA-Racing Commission for review throughout the term of the contract.

- Delete Section 1.17.B. and replace with the following:

  1.17.B. Training will be provided via a ZOOM meeting or online training or another mutually agreed upon type of online training per DFA-Racing Commission.


- Delete Section 1.21.C.

- Delete Bid Response Packet and replace with REVISED Bid Response Packet.
The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your bid.

If you have any questions, please contact Judy Shirley at judy.shirley@dfa.arkansas.gov or (501) 324-9314.

Company: The Industrial Laboratories Company, Inc.
Signature: [Signature]
Date: 10/01/2022