

RESPONSE SIGNATURE PAGE

Type or Print the following information.

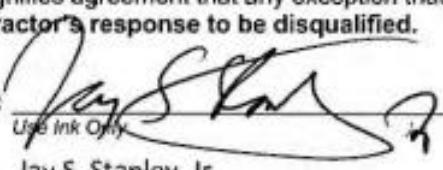
| PROSPECTIVE CONTRACTOR'S INFORMATION | | | | |
|--|---|--------|----------|-----------------|
| Company: | JAY S. STANLEY & ASSOCIATES, INC. | | | |
| Address: | 5313 McClanahan Drive, Suite G5 | | | |
| City: | North Little Rock | State: | Arkansas | Zip Code: 72116 |
| Business Designation: | <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit | | | |
| Minority and Women-Owned Designation*: | <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Women-Owned | | | |
| AR Certification #: _____ * See Minority and Women-Owned Business Policy | | | | |

| PROSPECTIVE CONTRACTOR CONTACT INFORMATION | | | |
|--|------------------------------|------------------|----------------|
| Provide contact information to be used for bid solicitation related matters. | | | |
| Contact Person: | Scott Stanley | Title: | President |
| Phone: | (501) 758-8029 | Alternate Phone: | (888) 758-4728 |
| Email: | scott.stanley@jaystanley.com | | |

| CONFIRMATION OF REDACTED COPY |
|---|
| <input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" 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 checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel. |

An official authorized to bind the Prospective Contractor to a resultant contract shall 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 response to be disqualified.

Authorized Signature:  Title: President

Printed/Typed Name: Jay S. Stanley, Jr. Date: 2019-04-25

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.**

April 25, 2019



EQUAL OPPORTUNITY POLICY

5313 McClanahan Drive, Suite G5

North Little Rock, AR 72118

TEL: (501) 758-8029 FAX: (501) 758-8037

SIGHT | SOUND | SERVICE

The excerpt below is from the most current JSA Personnel Policy Manual. All of our employees are required to acknowledge compliance with this manual upon hiring by their signature.

PURPOSE

This policy affirms the Company's policy of non-discrimination.

POLICY

The Company maintains a policy of non-discrimination in all phases of employment and complies in full with all applicable laws. The Company will continuously monitor performance in these basic areas and take action, where necessary, to comply with applicable requirements:

1. Recruit, advertise, hire, transfer and promote without regard to race, religion, color, national origin, physical handicap, sex, age or any other legally protected classification.
2. Base all decisions relating to every level of employment solely on the individual's qualifications for the job to be filled, particularly when considering promotions.
3. Administer all other personnel actions without regard to race, religion, color, national origin, sex or age. In the case of sex and age, there may be an exception based on a bona fide occupational qualification. If any doubt arises whether a bona fide occupational qualification does exist with respect to either of these two categories, direct the inquiry to Management. Personnel actions in this category include but are not limited to:
 - Compensation
 - Benefits
 - Layoffs and Recalls
 - Training
 - Company-sponsored Social and Recreational Programs

Sincerely,

A handwritten signature in black ink that reads 'Scott Stanley'. The signature is stylized with a large, sweeping 'S' and a cursive 'Stanley'.

Scott Stanley
scott.stanley@jaystanley.com

ARKANSAS BUSINESS INFORMATION FORM

• Complete all fields or mark "N/A" if not applicable

| LEGAL NAME OF BUSINESS AS REGISTERED IN THE STATE OF ARKANSAS |
|--|
| JAY S. STANLEY & ASSOCIATES, INC. |

| AR BUSINESS LICENSE NUMBER: |
|--------------------------------|
| 100048879 |

| PRIMARY MAILING ADDRESS AS REGISTERED IN THE STATE OF ARKANSAS | NUMBER OF YEARS IN BUSINESS IN AR |
|---|--------------------------------------|
| 5313 McClanahan Drive, North Little Rock, AR 72116 | 41 |

• Complete all fields or mark "N/A" if not applicable

| PHYSICAL BUSINESS LOCATION AND ADDRESS |
|--|
| 5313 McClanahan Drive, North Little Rock, AR 72116 |

| COMMERICAL GENERAL LIABILITY INSURANCE CARRIER NAME: |
|---|
| STATE AUTO INSURANCE |

| COMMERICAL GENERAL LIABILITY INSURANCE POLICY NUMBER: |
|--|
| PBP-2425313-15 |

| EMPLOYEE LIABILITY INSURANCE CARRIER NAME: |
|---|
| ACCIDENT FUND |

| EMPLOYEE LIABILITY INSURANCE POLICY NUMBER: |
|--|
| WCV 6118439 05 |

| VENDOR NUMBER AS SUPPLIED BY THE STATE OF ARKANSAS |
|---|
| 100030829 |

| WEBSITE ADDRESS, IF APPLICABLE |
|-----------------------------------|
| www.jaystanley.com |

| CERTIFIED MINORITY OR WOMEN OWNED BUSINESS ENTERPRISE DIRECTORY LISTING NAME: |
|--|
| N/A |

| NUMBER OF EMPLOYEES | TOTAL NUMBER OF CERTIFIED EMPLOYEES | BREAKDOWN OF CERTIFIED EMPLOYEES | | | | | | |
|------------------------|--|----------------------------------|-------|-------|------|-----|-----|--------|
| | | CTS | CTS-D | CTS-I | AVSP | PMP | CSP | *OTHER |
| 9 | 8 | 8 | | | | | | |

**If other AV certification is held by employees, please list:*

| | | | |
|--------|--------------|-------------------|-----------|
| Extron | Harman (AMX) | Audinate DANTE | Poly |
| Biamp | DSEG | HDBase-T Alliance | SynAudCon |

BUSINESS CONTACT INFORMATION FORM

| CONTACT NAME | CONTACT NAME TITLE | CONTACT PHONE # |
|---------------|-------------------------|-----------------|
| Carl Griffith | Vice President of Sales | (501) 758-8029 |

| CONTACT ALTERNATE PHONE # |
|---------------------------|
| |

| CONTACT EMAIL ADDRESS |
|------------------------------|
| carl.griffith@jaystanley.com |

ALTERNATE BUSINESS CONTACT INFORMATION

| CONTACT NAME | CONTACT NAME TITLE | CONTACT PHONE # |
|---------------|--------------------------|-----------------|
| Scott Staples | Executive Vice President | (501) 758-8029 |

| CONTACT ALTERNATE PHONE # |
|---------------------------|
| |

| CONTACT EMAIL ADDRESS |
|------------------------------|
| scott.staples@jaystanley.com |

Audio/Visual Equipment Offering Form

Business Name: **JAY S. STANLEY & ASSOCIATES, INC.**

| Category Number | Material Description | DO YOU OFFER? SELECT BELOW | Material Brand Name Tier 1 Brand Commercial Class | Material Brand Name Tier 2 Brand Consumer Class |
|-----------------|---|-------------------------------------|---|---|
| E.1 | AUDIO SOLUTIONS | YES NO | | |
| E.1.1 | Acoustic Materials (Panels, sound damping materials) | <input checked="" type="checkbox"/> | PERDUE ACOUSTICS | AURALEX |
| E.1.2 | Audio Players/Recorders (includes AM/FM Radio, CD, MP3, etc.) | <input checked="" type="checkbox"/> | DENON/MARANTZ | TASCAM |
| E.1.3 | Listening Centers | <input checked="" type="checkbox"/> | LISTEN TECHNOLOGIES | HAMILTONBUHL |
| E.1.4 | Public Address Systems (mounted and handheld) | <input checked="" type="checkbox"/> | JBL PROFESSIONAL | TOA ELECTRONICS |
| E.1.5 | Portable Sound Systems (including all-in-one systems) | <input checked="" type="checkbox"/> | K-ARRAY | ANCHOR AUDIO |
| E.1.6 | Audio Filters | <input checked="" type="checkbox"/> | BIAMP SYSTEMS | RADIO DESIGN LABS |
| E.1.7 | Audio Attenuator | <input checked="" type="checkbox"/> | LOWELL MANUFACTURING | RADIO DESIGN LABS |
| E.1.8 | Speakers, Wired | <input checked="" type="checkbox"/> | K-ARRAY | JBL PROFESSIONAL |
| E.1.9 | Speakers, Wireless | <input checked="" type="checkbox"/> | JBL PROFESSIONAL | ANCHOR AUDIO |
| E.1.10 | Amplifiers | <input checked="" type="checkbox"/> | CROWN | TOA ELECTRONICS |
| E.1.11 | Audio Mixers | <input checked="" type="checkbox"/> | BIAMP | SHURE |
| E.1.12 | Duplicators | <input checked="" type="checkbox"/> | TECNEC | RADIO DESIGN LABS |
| E.1.13 | Listening Centers | <input checked="" type="checkbox"/> | LISTEN TECHNOLOGIES | HAMILTONBUHL |
| E.1.14 | Audio Interface | <input checked="" type="checkbox"/> | RADIO DESIGN LABS | TECNEC |
| E.1.15 | Assistive Listening Systems | <input checked="" type="checkbox"/> | LISTEN TECHNOLOGIES | GENTNER |
| E.1.16 | Audio Controllers | <input checked="" type="checkbox"/> | BIAMP | RADIO DESIGN LABS |
| E.1.17 | Digital to Analog Convertors | <input checked="" type="checkbox"/> | RADIO DESIGN LABS | KANEXPRO |
| E.1.18 | MIDI Controllers | <input type="checkbox"/> | | |
| E.1.19 | Keyboards | <input type="checkbox"/> | | |
| E.1.20 | Samplers and Synthesizers | <input type="checkbox"/> | | |
| E.1.21 | Stage Boxes | <input checked="" type="checkbox"/> | SOUNDCRAFT | WHIRLWIND |
| E.1.22 | Telephone Audio Interfaces | <input checked="" type="checkbox"/> | BIAMP | JK AUDIO |
| E.1.23 | Audience Response Systems | <input type="checkbox"/> | | |
| E.1.24 | Audio Conferencing Equipment | <input checked="" type="checkbox"/> | BIAMP | POLYCOM |
| E.1.25 | Other (Please List) | <input type="checkbox"/> | | |
| | Speech Privacy | <input checked="" type="checkbox"/> | QSC | ATLASIED |
| | Delegate Conferencing System | <input checked="" type="checkbox"/> | TAIDEN | BEYERDYNAMIC |
| | | <input type="checkbox"/> | | |
| | | <input type="checkbox"/> | | |
| | | <input type="checkbox"/> | | |
| E.1.2 | VIDEO SOLUTIONS | YES NO | | |
| E.1.2.1 | Digital Video Recording / Playback | <input checked="" type="checkbox"/> | DATAVIDEO | LUMENS |
| E.1.2.2 | Video Conferencing / Streaming Equipment | <input checked="" type="checkbox"/> | VADDIO | POLYCOM |
| E.1.2.3 | Projectors | <input checked="" type="checkbox"/> | PANASONIC | SONY |
| E.1.2.4 | Theater Projectors | <input checked="" type="checkbox"/> | BARCO | NEC |
| E.1.2.5 | Studio Production Equipment | <input checked="" type="checkbox"/> | VADDIO | DATAVIDEO |
| E.1.2.6 | Analog Video Recording | <input checked="" type="checkbox"/> | DATAVIDEO | DENON/MARANTZ |
| E.1.2.7 | Digital Video Disc Players | <input checked="" type="checkbox"/> | DENON/MARANTZ | LG |
| E.1.2.8 | Televisions (non-SMART) | <input checked="" type="checkbox"/> | SHARP | PANASONIC |
| E.1.2.9 | Televisions (SMART) | <input checked="" type="checkbox"/> | LG | SAMSUNG |
| E.1.2.10 | High Definition Cameras (non security related) | <input checked="" type="checkbox"/> | SONY | LUMENS |
| E.1.2.11 | Blu-Ray Players | <input checked="" type="checkbox"/> | DENON/MARANTZ | SONY |
| E.1.2.12 | DVD Players | <input checked="" type="checkbox"/> | DENON/MARANTZ | SAMSUNG |
| E.1.2.13 | Gaming Equipment | <input type="checkbox"/> | | |
| E.1.2.14 | Media Players | <input checked="" type="checkbox"/> | BRIGHTSIGN | DENON/MARANTZ |
| E.1.2.15 | Teleprompters | <input checked="" type="checkbox"/> | AUTOCUE | DATAVIDEO |
| E.1.2.16 | Duplicators | <input checked="" type="checkbox"/> | ILY | MICROBOARDS |
| E.1.2.17 | Digital Video Editing Systems | <input checked="" type="checkbox"/> | MATROX | DATAVIDEO |
| E.1.2.18 | Television Monitors / Monitor Receivers | <input checked="" type="checkbox"/> | MARSHALL ELECTRONICS | VIEWSONIC |
| E.1.2.19 | Broadcast and Studio Camcorders | <input checked="" type="checkbox"/> | JVC | SONY |
| E.1.2.20 | Character Generators and Graphic Solutions | <input checked="" type="checkbox"/> | COMPIX | DATAVIDEO |
| E.1.2.21 | Video Editing Boards and Cards | <input checked="" type="checkbox"/> | MATROX | DATAVIDEO |
| E.1.2.22 | Video Keyers | <input checked="" type="checkbox"/> | DATAVIDEO | FOR-A |
| E.1.2.23 | Video Mixers / Production Switchers | <input checked="" type="checkbox"/> | SONY | DATAVIDEO |
| E.1.2.24 | Video Wall Systems | <input checked="" type="checkbox"/> | PLANAR | ABSEN |
| E.1.2.25 | Other (Please List) | <input type="checkbox"/> | | |
| | A/V-to-USB Bridges | <input checked="" type="checkbox"/> | VADDIO | INOGENI |
| | | <input type="checkbox"/> | | |
| | | <input type="checkbox"/> | | |
| | | <input type="checkbox"/> | | |

[illegible]

[illegible]

LIST OF COUNTIES SERVICED FORM

BUSINESS NAME: JAY S. STANLEY & ASSOCIATES, INC.

MAILING ADDRESS: 5313 McClanahan Drive, Suite G5

CITY: North Little Rock

STATE: Arkansas

ZIP: 72116

PHONE NUMBER: (501) 758-8029

EMAIL ADDRESS: sales@jaystanley.com

INDICATE THE COUNTIES WHERE AUDIO / VISUAL EQUIPMENT, INSTALLATION AND/OR AND SERVICES CAN BE PROVIDED (Check ALL that apply)

| NORTHWEST | | NORTHEAST | | SOUTHWEST | | SOUTHEAST | | CENTRAL | |
|------------|-------------------------------------|--------------|-------------------------------------|--------------|-------------------------------------|-------------|-------------------------------------|----------|-------------------------------------|
| ALL | <input checked="" type="checkbox"/> | ALL | <input checked="" type="checkbox"/> | ALL | <input checked="" type="checkbox"/> | ALL | <input checked="" type="checkbox"/> | ALL | <input checked="" type="checkbox"/> |
| BAXTER | <input type="checkbox"/> | CLAY | <input type="checkbox"/> | CALHOUN | <input type="checkbox"/> | ARKANSAS | <input type="checkbox"/> | FAULKNER | <input type="checkbox"/> |
| BENTON | <input type="checkbox"/> | CLEBURNE | <input type="checkbox"/> | CLARK | <input type="checkbox"/> | ASHLEY | <input type="checkbox"/> | GARLAND | <input type="checkbox"/> |
| BOONE | <input type="checkbox"/> | CRAIGHEAD | <input type="checkbox"/> | COLUMBIA | <input type="checkbox"/> | BRADLEY | <input type="checkbox"/> | GRANT | <input type="checkbox"/> |
| CARROLL | <input type="checkbox"/> | CRITTENDEN | <input type="checkbox"/> | DALLAS | <input type="checkbox"/> | CHICOT | <input type="checkbox"/> | LONOKE | <input type="checkbox"/> |
| CONWAY | <input type="checkbox"/> | CROSS | <input type="checkbox"/> | HEMPSTEAD | <input type="checkbox"/> | CLEVELAND | <input type="checkbox"/> | PERRY | <input type="checkbox"/> |
| CRAWFORD | <input type="checkbox"/> | FULTON | <input type="checkbox"/> | HOT SPRING | <input type="checkbox"/> | DESHA | <input type="checkbox"/> | PULASKI | <input type="checkbox"/> |
| FRANKLIN | <input type="checkbox"/> | GREENE | <input type="checkbox"/> | HOWARD | <input type="checkbox"/> | DREW | <input type="checkbox"/> | SALINE | <input type="checkbox"/> |
| JOHNSON | <input type="checkbox"/> | INDEPENDENCE | <input type="checkbox"/> | LAFAYETTE | <input type="checkbox"/> | JEFFERSON | <input type="checkbox"/> | | <input type="checkbox"/> |
| LOGAN | <input type="checkbox"/> | IZARD | <input type="checkbox"/> | LITTLE RIVER | <input type="checkbox"/> | LEE | <input type="checkbox"/> | | <input type="checkbox"/> |
| MADISON | <input type="checkbox"/> | JACKSON | <input type="checkbox"/> | MONTGOMERY | <input type="checkbox"/> | LINCOLN | <input type="checkbox"/> | | <input type="checkbox"/> |
| MARION | <input type="checkbox"/> | LAWRENCE | <input type="checkbox"/> | MILLER | <input type="checkbox"/> | MONROE | <input type="checkbox"/> | | <input type="checkbox"/> |
| NEWTON | <input type="checkbox"/> | MISSISSIPPI | <input type="checkbox"/> | NEVADA | <input type="checkbox"/> | PHILLIPS | <input type="checkbox"/> | | <input type="checkbox"/> |
| POPE | <input type="checkbox"/> | POINSETT | <input type="checkbox"/> | OUACHITA | <input type="checkbox"/> | PRAIRIE | <input type="checkbox"/> | | <input type="checkbox"/> |
| SEARCY | <input type="checkbox"/> | RANDOLPH | <input type="checkbox"/> | PIKE | <input type="checkbox"/> | ST. FRANCIS | <input type="checkbox"/> | | <input type="checkbox"/> |
| SEBASTIAN | <input type="checkbox"/> | SHARP | <input type="checkbox"/> | POLK | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |
| SCOTT | <input type="checkbox"/> | STONE | <input type="checkbox"/> | SEVIER | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |
| VANBUREN | <input type="checkbox"/> | WHITE | <input type="checkbox"/> | UNION | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |
| WASHINGTON | <input type="checkbox"/> | WOODRUFF | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |
| YELL | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |

ARKANSAS DISTRIBUTORS / ADDITIONAL LOCATIONS FORM

| Manufacturer / Business Name |
|---------------------------------|
| |

| Authorized Reseller / Business Name | Authorized Reseller / AR Business Address |
|-------------------------------------|---|
| | |

| Authorized Reseller / Business Contact Name | Authorized Reseller / Business Contact Phone # | Authorized Reseller / Business Contact Email Address |
|---|--|--|
| | | |

| Manufacturer / Business Name |
|---------------------------------|
| |

| Authorized Reseller / Business Name | Authorized Reseller / AR Business Address |
|-------------------------------------|---|
| | |

| Authorized Reseller / Business Contact Name | Authorized Reseller / Business Contact Phone # | Authorized Reseller / Business Contact Email Address |
|---|--|--|
| | | |

| Manufacturer / Business Name |
|---------------------------------|
| |

| Authorized Reseller / Business Name | Authorized Reseller / AR Business Address |
|-------------------------------------|---|
| | |

| Authorized Reseller / Business Contact Name | Authorized Reseller / Business Contact Phone # | Authorized Reseller / Business Contact Email Address |
|---|--|--|
| | | |

| Manufacturer / Business Name |
|---------------------------------|
| |

| Authorized Reseller / Business Name | Authorized Reseller / AR Business Address |
|-------------------------------------|---|
| | |

| Authorized Reseller / Business Contact Name | Authorized Reseller / Business Contact Phone # | Authorized Reseller / Business Contact Email Address |
|---|--|--|
| | | |

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:

SUBCONTRACTOR NAME:

☐ Yes ☒ No

IS THIS FOR:

TAXPAYER ID NAME: JAY S. STANLEY & ASSOCIATES, INC. ☐ Goods? ☐ Services? ☐ Both?

YOUR LAST NAME: STAPLES

FIRST NAME: SCOTT

M.I.: C

ADDRESS: 5313 McClanahan Drive, Suite G5

CITY: North Little Rock

STATE: Arkansas

ZIP CODE: 72116

COUNTRY: United States

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 <small>(senator, representative, name of board/ commission, data entry, etc.)</small> | For How Long? | | What is the person(s) name and how are they related to you? <small>(i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.)</small> | |
|----------------------------------|----------|--------|---|---------------|-------------|--|----------|
| | Current | Former | | From MM/YY | To MM/YY | Person's Name(s) | Relation |
| 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 <small>(senator, representative, name of board/commission, data entry, etc.)</small> | 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 Scott Staples, VP Title VICE PRESIDENT Date 2021-05-05

Vendor Contact Person Scott C Staples Title VICE PRESIDENT Phone No. 501-758-8029

Agency use only

Agency Number _____ Agency Name _____ Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____