

## RESPONSE SIGNATURE PAGE

Type or Print the following information.


PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Service Ninjas, Inc.			
Address:	PO Box 17120			
City:	North Little Rock	State:	AR	Zip Code: 72117
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			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:	Shane Young	Title:	President
Phone:	501-801-5890	Alternate Phone:	501-519-1977
Email:	shane@serviceninjas.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  
Use Ink Only.

Printed/Typed Name: Shane Young Date: 4-24-2019

## **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*

<b>Subcontractor's Company Name</b>	<b>Street Address</b>	<b>City, State, ZIP</b>

☒ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**



## **Equal Employment Opportunity Policy**

Service Ninjas, Inc. provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

## ARKANSAS BUSINESS INFORMATION FORM

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

<b>LEGAL NAME OF BUSINESS AS REGISTERED IN THE STATE OF ARKANSAS</b>
Service Ninjas, Inc.

<b>AR BUSINESS LICENSE NUMBER:</b>
0324260519

<b>PRIMARY MAILING ADDRESS AS REGISTERED IN THE STATE OF ARKANSAS</b>	<b>NUMBER OF YEARS IN BUSINESS IN AR</b>
PO Box 17120, North Little Rock, AR 72117	6

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

<b>PHYSICAL BUSINESS LOCATION AND ADDRESS</b>
6300 Hwy 161, North Little Rock, AR 72117

<b>COMMERICAL GENERAL LIABILITY INSURANCE CARRIER NAME:</b>
Auto-Owners Insurance

<b>COMMERICAL GENERAL LIABILITY INSURANCE POLICY NUMBER:</b>
70502552

<b>EMPLOYEE LIABILITY INSURANCE CARRIER NAME:</b>
First Comp Insurance Company

<b>EMPLOYEE LIABILITY INSURANCE POLICY NUMBER:</b>
WC0197341-01

<b>VENDOR NUMBER AS SUPPLIED BY THE STATE OF ARKANSAS</b>
0100205020

<b>WEBSITE ADDRESS, IF APPLICABLE</b>
serviceninjas.com

<b>CERTIFIED MINORITY OR WOMEN OWNED BUSINESS ENTERPRISE DIRECTORY LISTING NAME:</b>
N/A

NUMBER OF EMPLOYEES	TOTAL NUMBER OF CERTIFIED EMPLOYEES	BREAKDOWN OF CERTIFIED EMPLOYEES						
		CTS	CTS-D	CTS-I	AVSP	PMP	CSP	*OTHER
3								

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

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### BUSINESS CONTACT INFORMATION FORM

CONTACT NAME	CONTACT NAME TITLE	CONTACT PHONE #
Shane Young	President	501-801-5890

CONTACT ALTERNATE PHONE #
501-519-1977

CONTACT EMAIL ADDRESS
shane@serviceninjas.com

### ALTERNATE BUSINESS CONTACT INFORMATION

CONTACT NAME	CONTACT NAME TITLE	CONTACT PHONE #
Dale Tate	Controller	501-801-5890

CONTACT ALTERNATE PHONE #
501-952-2263

CONTACT EMAIL ADDRESS
dale@serviceninjas.com

# Audio/Visual Equipment Offering Form

Business Name: \_\_\_\_\_

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
		YES	NO		
<b>E.1</b>	<b>AUDIO SOLUTIONS</b>				
E.1.1	Acoustic Materials (Panels, sound damping materials)				
E.1.2	Audio Players/Recorders (includes AM/FM Radio, CD, MP3, etc.)				
E.1.3	Listening Centers				
E.1.4	Public Address Systems (mounted and handheld)				
E.1.5	Portable Sound Systems (including all-in-one systems)				
E.1.6	Audio Filters				
E.1.7	Audio Attenuator				
E.1.8	Speakers, Wired				
E.1.9	Speakers, Wireless				
E.1.10	Amplifiers				
E.1.11	Audio Mixers				
E.1.12	Duplicators				
E.1.13	Listening Centers				
E.1.14	Audio Interface				
E.1.15	Assistive Listening Systems				
E.1.16	Audio Controllers				
E.1.17	Digital to Analog Converters				
E.1.18	MIDI Controllers				
E.1.19	Keyboards				
E.1.20	Samplers and Synthesizers				
E.1.21	Stage Boxes				
E.1.22	Telephone Audio Interfaces				
E.1.23	Audience Response Systems				
E.1.24	Audio Conferencing Equipment				
E.1.25	Other (Please List)	X			
	Network Cabling for Device	X			
	Room/Facility Modifications for Installation	X			
<b>E.1.2</b>	<b>VIDEO SOLUTIONS</b>				
E.1.2.1	Digital Video Recording / Playback				
E.1.2.2	Video Conferencing / Streaming Equipment				
E.1.2.3	Projectors				
E.1.2.4	Theater Projectors				
E.1.2.5	Studio Production Equipment				
E.1.2.6	Analog Video Recording				
E.1.2.7	Digital Video Disc Players				
E.1.2.8	Televisions (non-SMART)	X		Monoprice, RCA	Samsung, Vizio
E.1.2.9	Televisions (SMART)	X		Sharp, LG	Samsung, Vizio
E.1.2.10	High Definition Cameras (non security related)				
E.1.2.11	Blu-Ray Players	X		Sony, RCA and/or customer spec.	Samsung or customer spec.
E.1.2.12	DVD Players	X		Sony, RCA and/or customer spec.	Samsung or customer spec.
E.1.2.13	Gaming Equipment				
E.1.2.14	Media Players				
E.1.2.15	Teleprompters				
E.1.2.16	Duplicators				
E.1.2.17	Digital Video Editing Systems				
E.1.2.18	Television Monitors / Monitor Receivers			Monoprice or project spec.	Per project spec.
E.1.2.19	Broadcast and Studio Camcorders				
E.1.2.20	Character Generators and Graphic Solutions				
E.1.2.21	Video Editing Boards and Cards				
E.1.2.22	Video Keyers				
E.1.2.23	Video Mixers / Production Switchers				
E.1.2.24	Video Wall Systems				
E.1.2.25	Other (Please List)	X			
	Network Cabling for Device	X			
	Room/Facility Modifications for Installation	X			



Material Description	DO YOU OFFER? SELECT BELOW		Material Brand Name Tier 1 Brand Commercial Class	Material Brand Name Tier 2 Brand Consumer Class
	YES	NO		
<b>PHOTOGRAPHY</b>				
Digital Cameras (SLR)				
Camcorders				
Aerial Imaging and Drones				
Lenses				
Tripods				
Flashes				
Photo Editing Software				
Scanners				
Photo Printers				
Darkroom Equipment				
Digital Imaging Cameras (Still)				
Other (Please List)				
<b>PRESENTATION AND DISPLAYS</b>				
Document Cameras	X		Elmo	Per project spec.
Monitors				
Projectors				
Screens, Rear Projection				
Screens, Specialty				
Listening Centers / Stations				
Video Wall				
Inter-Active Displays (including "tablet" style)				
Card Readers				
Other (Please List)	X			
Network Cabling for Device	X			
Room/Facility Modifications for Installation	X			
<b>PRODUCTION AND LIGHTING EQUIPMENT</b>				
Audio Control Systems				
Portable Audio Equipment				
Production Duplication				
Broadcast Processors				
Stage Boxes				
Studio Monitors				
Boom Equipment				
Lighting Control Filters and Gels				
Architectural Lighting Control Systems				
Dimmers and Dimmer Systems	X		Proline or per customer specs.	Per project spec.
DMX Devices				
Rail Systems				
Stage and DJ Lighting				
Lighting Control Systems				
Portable Lighting Control Systems				
Sound Mixers				
Lighting Auxillary Equipment				
Lighting Control Software and Applications				
Portable Sound Mixers				
Other (Please List)	X			
Network Cabling for Device	X			
Room/Facility Modifications for Installation	X			

Material Description	DO YOU OFFER? SELECT BELOW		Material Brand Name Tier 1 Brand Commercial Class	Material Brand Name Tier 2 Brand Consumer Class
	YES	NO		
<b>SIGNAL MANAGEMENT</b>				
Radio Frequency Equipment				
Meters				
Compressors and Limiters				
Extenders and Repeaters	X		Ubiquiti	Per project spec.
Equalizers				
Echo Cancellers				
Video Amplifiers				
Monitoring Equipment				
Wireless Capabilities	X		Ubiquiti	Per project spec.
Transmitters				
Receivers and Room Controllers				
Mounting Racks				
Digital Audio Converters				
Audio Switchers				
Audio Isolation Modules				
Audio Signal Generators				
Audio Distribution				
Other (Please List)	X			
Network Cabling for Device	X			
Room/Facility Modifications for Installation	X			
<b>VISUAL INTERGRATION</b>				
Digital Signage				
Video Conferencing Equipment				
Wall Track Systems				
Markerboards and Easels				
Video Walls				
Interactive Displays				
Interactive Whiteboards				
Whiteboards	X		Quartet	Per project spec.
Touch Boards				
Outdoor Displays and Signage				
Digital Signage Players				
Digital Asset Manangement				
Codecs				
Other (Please List)	X			
Network Cabling for Device	X			
Room/Facility Modifications for Installation	X			
<b>DESIGN SERVICES</b>				
Complete Design Projects				
Retro Fits				
Complete Install Systems and Services				
Engineering Services				
Other (Please List)	X			
Network/Project Cabling	X			
Room/Facility Modifications for Installation	X			



[illegible]

# LIST OF COUNTIES SERVICED FORM

BUSINESS NAME: Service Ninjas, Inc.

MAILING ADDRESS: PO Box 17120

CITY: North Little Rock

STATE: AR

ZIP: 72117

PHONE NUMBER: 501-801-5890

EMAIL ADDRESS: shane@serviceninjas.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 type="checkbox"/>	ALL	<input type="checkbox"/>	ALL	<input checked="" type="checkbox"/>	ALL	<input checked="" type="checkbox"/>	ALL	<input checked="" type="checkbox"/>
BAXTER	<input checked="" type="checkbox"/>	CLAY	<input type="checkbox"/>	CALHOUN	<input type="checkbox"/>	ARKANSAS	<input type="checkbox"/>	FAULKNER	<input type="checkbox"/>
BENTON	<input type="checkbox"/>	CLEBURNE	<input checked="" 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 checked="" type="checkbox"/>	CROSS	<input type="checkbox"/>	HEMPSTEAD	<input type="checkbox"/>	CLEVELAND	<input type="checkbox"/>	PERRY	<input type="checkbox"/>
CRAWFORD	<input type="checkbox"/>	FULTON	<input checked="" 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 checked="" type="checkbox"/>	LAFAYETTE	<input type="checkbox"/>	JEFFERSON	<input type="checkbox"/>		<input type="checkbox"/>
LOGAN	<input checked="" type="checkbox"/>	IZARD	<input checked="" type="checkbox"/>	LITTLE RIVER	<input type="checkbox"/>	LEE	<input type="checkbox"/>		<input type="checkbox"/>
MADISON	<input type="checkbox"/>	JACKSON	<input checked="" type="checkbox"/>	MONTGOMERY	<input type="checkbox"/>	LINCOLN	<input type="checkbox"/>		<input type="checkbox"/>
MARION	<input checked="" type="checkbox"/>	LAWRENCE	<input checked="" 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 checked="" type="checkbox"/>	POINSETT	<input type="checkbox"/>	OUACHITA	<input type="checkbox"/>	PRAIRIE	<input type="checkbox"/>		<input type="checkbox"/>
SEARCY	<input checked="" type="checkbox"/>	RANDOLPH	<input type="checkbox"/>	PIKE	<input type="checkbox"/>	ST. FRANCIS	<input type="checkbox"/>		<input type="checkbox"/>
SEBASTIAN	<input checked="" type="checkbox"/>	SHARP	<input checked="" type="checkbox"/>	POLK	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
SCOTT	<input checked="" type="checkbox"/>	STONE	<input checked="" type="checkbox"/>	SEVIER	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
VANBUREN	<input checked="" type="checkbox"/>	WHITE	<input checked="" type="checkbox"/>	UNION	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
WASHINGTON	<input type="checkbox"/>	WOODRUFF	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
YELL	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

## ARKANSAS DISTRIBUTORS / ADDITIONAL LOCATIONS FORM

Manufacturer / Business Name
N/A

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
N/A

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
N/A

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
N/A

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

F-1

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.

TAXPAYER ID #: SOCIAL SECURITY NUMBER OR FEDERAL ID NUMBER SUBCONTRACTOR NAME: SUBCONTRACTOR NAME:

TAXPAYER ID NAME: Service Ninjas, Inc. IS THIS FOR: Goods? Services? Both?

YOUR LAST NAME: Young FIRST NAME: Mickel M.I.: S

ADDRESS: P.O. Box 17120

CITY: Little Rock STATE: AR ZIP CODE: 72117 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:

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.]	Person's Name(s)	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 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?	Person's Name(s)	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY				
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 President Date 5-24-21  
 Entity Contact Person Shana Young Title President Phone No. 54-801-5890

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