

RESPONSE SIGNATURE PAGE

Type or Print the following information.

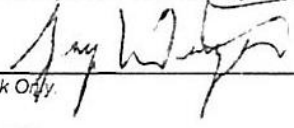
PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Wirges Percussion Systems				
Address:	817 S. Izard				
City:	Little Rock	State:	AR	Zip Code:	72201
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit				
Minority and Women-Owned Designation*:	<input 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:	Greg Wirges	Title:	Owner
Phone:	501-749-3055	Alternate Phone:	
Email:	gwigres0517@att.net		

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 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: Owner
Use Ink Only

Printed/Typed Name: Greg Wirges Date: April 29, 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

[illegible]



501-749-3055
817 S. IZARD
LITTLE ROCK, AR 72201-4027
gwirges0517@att.net

To: State of Arkansas
Office of State Procurement
1509 W. 7th Street, Room 300
Little Rock, AR 72201

Date: June 3, 2019

Reference: Equal Opportunity statement concerning bid # SP-19-0048

To whom this may concern,

I am not required to have an Equal Opportunity Policy in place as I have no full-time employees. When the needs arrive I sub-contract labor as is needed.

Thank you,

A handwritten signature in black ink, appearing to read "Greg Wirges", written in a cursive style.

Greg Wirges

Wirges Percussion Systems LLC

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
Wirges Percussion Systems

AR BUSINESS LICENSE NUMBER:
100117405

PRIMARY MAILING ADDRESS AS REGISTERED IN THE STATE OF ARKANSAS	NUMBER OF YEARS IN BUSINESS IN AR
817 S. Izard, Little Rock, AR 72201	10

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

PHYSICAL BUSINESS LOCATION AND ADDRESS
817 S. Izard, Little Rock, AR 72201

COMMERICAL GENERAL LIABILITY INSURANCE CARRIER NAME:
Nautilus

COMMERICAL GENERAL LIABILITY INSURANCE POLICY NUMBER:
8842

EMPLOYEE LIABILITY INSURANCE CARRIER NAME:
N/A

EMPLOYEE LIABILITY INSURANCE POLICY NUMBER:
N/A

VENDOR NUMBER AS SUPPLIED BY THE STATE OF ARKANSAS
100117405

WEBSITE ADDRESS, IF APPLICABLE
N/A

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
0								

*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 #
Greg Wirges	Owner	501-749-3055

CONTACT ALTERNATE PHONE #	CONTACT EMAIL ADDRESS
N/A	gwwirges0517@ATT.Net

ALTERNATE BUSINESS CONTACT INFORMATION

CONTACT NAME	CONTACT NAME TITLE	CONTACT PHONE #
N/A	N/A	N/A

CONTACT ALTERNATE PHONE #	CONTACT EMAIL ADDRESS
N/A	N/A

Audio/Visual Equipment Offering Form

Business Name:

[illegible]

[illegible]

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		
SIGNAL MANAGEMENT				
Radio Frequency Equipment		X		
Meters	X		Biamp, DBX, Ashly, Behringer, Etc.	
Compressors and Limiters	X		Biamp, DBX, Ashly, Behringer, Etc.	
Extenders and Repeaters	X		Kramer, C2G, Crestron, Attona, Etc.	
Equalizers	X		Biamp, DBX, Ashly, Behringer, Etc.	
Echo Cancellers	X		Biamp	
Video Amplifiers	X		Kramer, C2G, Attona, Etc.	
Monitoring Equipment	X		Marshall, Behringer, EV, JBL, QSC, Etc.	
Wireless Capabilities	X		Shure, AKG, Sennheiser, C2G, Etc.	
Transmitters	X		Shure, AKG, Sennheiser, C2G, Etc.	
Receivers and Room Controllers	X		Kramer, C2G	
Mounting Racks	X		Middle Atlantic, Gator, OSP, Etc.	
Digital Audio Converters	X		Biamp, Kramer, Behringer, Ashly, Etc.	
Audio Switchers	X		Biamp, Kramer, C2G, Attona, Etc.	
Audio Isolation Modules	X		Radial, Shure, Rapco, RDL, Whirlwind, Etc.	
Audio Signal Generators	X		Biamp, Radial, Shure, Whirlwind, Etc.	
Audio Distribution	X		Biamp, Radial, C2G, Whirlwind, Behringer, Etc.	
Other (Please List)				
VISUAL INTERGRATION				
Digital Signage	X		Brightsign, Samsung, LG, Sharp, Etc.	
Video Conferencing Equipment	X		Biamp, Kramer,	
Wall Track Systems		X		
Markerboards and Easels	X		Arcat, Claridge, Ghent, Marsh, Everwhite, Etc.	
Video Walls	X		Samsung, Sharp, LED, Etc.	
Interactive Displays	X		Samsung, Sharp, LG, Etc.	
Interactive Whiteboards	X		Ricoh, Polyvision, Viewsonic, Etc.	
Whiteboards	X		Arcat, Claridge, Ghent, Marsh, Everwhite, Etc.	
Touch Boards	X		Samsung, Sharp, LG, Apple, Etc.	
Outdoor Displays and Signage	X		Samsung, Sharp, LED, Etc.	
Digital Signage Players	X		Samsung, Sharp, Brightsign, Etc.	
Digital Asset Manangement		X		
Codecs	X		Biamp	
Other (Please List)				
DESIGN SERVICES				
Complete Design Projects	X			
Retro Fits	X			
Complete Install Systems and Services	X			
Engineering Services	X			
Other (Please List)	X		Custom Audio DSP & Control System Programming	

[illegible]

LIST OF COUNTIES SERVICED FORM

BUSINESS NAME: Wirges Percussion Systems

MAILING ADDRESS: 817 S. IZARD

CITY: Little Rock

STATE: AR

ZIP 72201

PHONE NUMBER 501-749-3055

EMAIL ADDRESS gwirges0517@att.net

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
<i>Wirges Percussion Systems</i>

Authorized Reseller / Business Name	Authorized Reseller / AR Business Address
<i>Wirges Percussion Systems</i>	<i>817 S. Izard, Little Rock, AR 72201</i>

Authorized Reseller / Business Contact Name	Authorized Reseller / Business Contact Phone #	Authorized Reseller / Business Contact Email Address
<i>Greg Wirges</i>	<i>501-749-3055</i>	<i>gwwirges@5170ATT.NET</i>

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

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.

SOCIAL SECURITY NUMBER

FEDERAL ID NUMBER

SUBCONTRACTOR:

SUBCONTRACTOR NAME:

TAXPAYER ID #:

OR

06-713850

Yes ☐ No ☒

TAXPAYER ID NAME:

Wingres Percussion Systems

Goods? ☐ Services? ☐ Both? ☒

YOUR LAST NAME:

Wingres

FIRST NAME:

Greg

M.I.:

M

ADDRESS:

877 S. Izard

CITY:

Little Rock

STATE:

AR

ZIP CODE:

72201-4027

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 (senior, 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)	Relationship
	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 (senior, 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 Greg Wiggins Title Owner Date 6-9-2021
Entity Contact Person Greg Wiggins Title Owner Phone No. 501-749-3055

AGENCY USE ONLY

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