

Attachment B

STATEMENT OF ACKNOWLEDGEMENT

NAME OF ORGANIZATION			
ADDRESS		Phone #	
		FAX #	
TAXPAYER IDENTIFICATION / SOCIAL SECURITY #:			
Check if entity is a minority vendor <input type="checkbox"/>	Check the box that applies:		Check if the respondent is, or has filed for, the status of Corporation, Limited Liability Company, Limited Partnership, or Limited Liability Partnership <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> State Ag'cy	<input type="checkbox"/> Local Gov't	<input type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit

PERSON AUTHORIZED BY ORGANIZATION TO CONTRACTUALLY OBLIGATE THE ORGANIZATION:

NAME:		TITLE:	
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PERSON AUTHORIZED BY ORGANIZATION TO NEGOTIATE THE CONTRACT ON BEHALF OF THE ORGANIZATION:

NAME:		TITLE:	
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CORPORATE PRESIDENT'S NAME AND ADDRESS (IF NOT APPLICABLE, SO NOTE):

NAME:		ADDRESS:	
OFFICIAL TITLE:			

- Does this proposal contain confidential information? If "Yes", submit a redacted copy and explain on an attachment YES NO
- Has this respondent previously contracted with AR Department of Human Services (DHS)? YES NO
- Has a respondent's principal officer (President, Vice President, Treasurer, Chairperson of the Board of Directors, and other executive officers) or any individuals with ownership interest in the entity been terminated previously from a DHS program or been convicted of Medicare or Medicaid fraud? YES NO
- Does the respondent intend to offer services through a subcontractor? YES NO
- If services are to be provided by a subcontractor, are the required statements attached? YES NO
- Does this proposal contain the required number of copies of the proposal in the required format and containing all required information? YES NO
- Does the respondent certify that he/she has read, understands, and agrees to comply with all the terms and conditions as set forth in the RFQ without qualification? YES NO
- Does the respondent certify that it does NOT discriminate in its employment practices with regard to race, color, religion, age, sex, national origin, or handicap? YES NO
- Does the respondent authorize DHS or its agents to verify the financial information requested in this RFQ? YES NO
- Does the respondent commit to adhere to an established system of accounting and financial controls adequate to permit the effective administration of the contract? YES NO
- Does the respondent certify that no attempt has been made, or will be made, to persuade others to, or NOT to, submit proposals? YES NO
- Has the respondent received any amendments to this RFQ? If "YES", how many? _____ YES NO
- Does the respondent certify that the proposal remains valid through the evaluation, selection, and contract period? YES NO

By signature of this form and submission of a proposal in response to this RFQ, the respondent acknowledges that the above statements are true and accurate

Signature by Officer of Organization Authorized to Contractually Obligate	Title	Date