



**STATE OF ARKANSAS**  
**DEPARTMENT OF HUMAN SERVICES**  
**OFFICE OF PROCUREMENT**  
700 Main Street  
Little Rock, Arkansas 72201

***RESPONSE PACKET***  
***710-17-1000***

**CAUTION TO VENDOR**

Vendor's failure to submit required items and/or information as specified in the *Bid Solicitation Document* **shall** result in disqualification.



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**RESPONSE SIGNATURE PAGE**

Type or Print the following information.

RESPONDENT'S INFORMATION			
Company:			
Address:			
City:	State:	Zip Code:	
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <input type="checkbox"/> Nonprofit
Minority Designation: <i>See Minority Business Policy</i>	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> African American <input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic American <input type="checkbox"/> Asian American
		<input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Service Disabled Veteran	
	AR Minority Certification #: _____	Service Disabled Veteran Certification #: _____	

VENDOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:	Title:		
Phone:	Alternate Phone:		
Email:			

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input 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 vendor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), shall be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>

**An official authorized to bind the vendor to a resultant contract must sign below.**

The signature below signifies agreement that either of the following **shall** cause the vendor's response to be disqualified:

- Additional terms or conditions submitted in their response, whether submitted intentionally or inadvertently.
- Any exception that conflicts with a Requirement of this *Bid Solicitation*.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
*Use Ink Only.*

Printed/Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE**

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's response to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

<b>Vendor Name:</b>		<b>Date:</b>	
<b>Authorized Signature:</b>		<b>Title:</b>	
<b>Print/Type Name:</b>			

**SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE**

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's response to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

<b>Vendor Name:</b>		<b>Date:</b>	
<b>Authorized Signature:</b>		<b>Title:</b>	
<b>Print/Type Name:</b>			

**SECTIONS 3, 4, 5 - VENDOR AGREEMENT AND COMPLIANCE**

- *Exceptions to Requirements **shall** cause the vendor's response to be disqualified.*

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

<b>Vendor Name:</b>		<b>Date:</b>	
<b>Authorized Signature:</b>		<b>Title:</b>	
<b>Print/Type Name:</b>			

## INFORMATION FOR EVALUATION

- Provide a response to each item/question in this section. Vendor may expand the space under each item/question to provide a complete response.
- **Do not** include additional information if not pertinent to the itemized request.

**E.1 VENDOR CONTACT INFORMATION**

Provide primary and secondary contact information to be used by DHS during in their maintenance and administration of the resulting *Vendor Listing*.

	Primary Contact	Secondary Contact
Name		
Title		
Phone		
Email		

**E.2 AREAS OF EXPERTISE**

Indicate below the areas of expertise in which your company can provide consulting service to DHS.

- Actuarial Services
- State Administration and Reporting for the Medicaid Program
- Business Process Review and Reengineering
- Project Management Services
- Federal Cost Allocation Plans
- Medicaid, National Health and Federal Child Welfare Law, Policy Development and Program Implementation
- Data Analytics
- Procurement Support
- Technical and Grant Writing
- Human Resources
- Public Relations