

STATE OF ARKANSAS
Department of Human Services
Office of Procurement
700 Main Street,
Little Rock, AR 72201

Non-Emergency Medical Transportation Services
(NET)

BID RESPONSE PACKET
710-18-1025

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'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 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 <i>Minority and Women-Owned Business Policy</i>		

PROSPECTIVE CONTRACTOR 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.
<p><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></p>

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 must 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 bid to be disqualified:

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 proposal 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.

Vendor Name:		Date:	
Signature:		Title:	
Printed Name:			

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 proposal 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.

Vendor Name:		Date:	
Signature:		Title:	
Printed Name:			

SECTION 3 & 4 - VENDOR AGREEMENT AND COMPLIANCE

- *Exceptions to Requirements **shall** cause the vendor's proposal 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.

Vendor Name:		Date:	
Signature:		Title:	
Printed Name:			

OFFICIAL BID PRICE SHEET

OFFICIAL PROPOSAL PRICE SHEET – REGION A

Submit one (1) original Official Proposal Price Sheet (marked COST PROPOSAL) for each region that your company is bidding on.

PRICE PROPOSAL MUST BE SUBMITTED IN A SEPARATE SEALED ENVELOPE. ANY REFERENCE TO COST(S) INCLUDED WITH THE TECHNICAL/BUSINESS RESPONSE WILL RESULT IN OFFEROR'S RESPONSE BEING REJECTED.

Beneficiary Population \$_____per member per month (PMPM)

Actuarial spread \$2.47 to \$4.26

Rate must be a specific dollar amount with two digits following the decimal point (e.g. \$1.00). Bid rates must fall within actuarial sound boundaries. If requested by DMS, brokers will provide details as to how their cost was calculated. Bidder acknowledges by signing, that prices quoted out of the ranges will disqualify their bid in that Region.

AUTHORIZATION SIGNATURE

By my signature below, I certify that the aforementioned statements are true and correct and that I accept the Terms and Conditions as presented in this bid, and that I am authorized by the respondent to submit this bid on his/her behalf.

Vendor Name:	Date:
Signature:	Title:
Printed Name:	

OFFICIAL BID PRICE SHEET

OFFICIAL PROPOSAL PRICE SHEET – REGION B

Submit one (1) original Official Proposal Price Sheet (marked COST PROPOSAL) for each region that your company is bidding on.

PRICE PROPOSAL MUST BE SUBMITTED IN A SEPARATE SEALED ENVELOPE. ANY REFERENCE TO COST(S) INCLUDED WITH THE TECHNICAL/BUSINESS RESPONSE WILL RESULT IN OFFEROR'S RESPONSE BEING REJECTED.

Beneficiary Population \$_____ . _____ per member per month (PMPM)

Actuarial spread \$3.39 to \$5.73

Rate must be a specific dollar amount with two digits following the decimal point (e.g. \$1.00). Bid rates must fall within actuarial sound boundaries. If requested by DMS, brokers will provide details as to how their cost was calculated. Bidder acknowledges by signing, that prices quoted out of the ranges will disqualify their bid in that Region.

AUTHORIZATION SIGNATURE

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Vendor Name:	Date:
Signature:	Title:
Printed Name:	

OFFICIAL BID PRICE SHEET

OFFICIAL PROPOSAL PRICE SHEET – REGION C

Submit one (1) original Official Proposal Price Sheet (marked COST PROPOSAL) for each region that your company is bidding on.

PRICE PROPOSAL MUST BE SUBMITTED IN A SEPARATE SEALED ENVELOPE. ANY REFERENCE TO COST(S) INCLUDED WITH THE TECHNICAL/BUSINESS RESPONSE WILL RESULT IN OFFEROR'S RESPONSE BEING REJECTED.

Beneficiary Population \$_____per member per month (PMPM)

Actuarial spread \$2.47 to \$4.26

Rate must be a specific dollar amount with two digits following the decimal point (e.g. \$1.00). Bid rates must fall within actuarial sound boundaries. If requested by DMS, brokers will provide details as to how their cost was calculated. Bidder acknowledges by signing, that prices quoted out of the ranges will disqualify their bid in that Region.

AUTHORIZATION SIGNATURE

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Vendor Name:	Date:
Signature:	Title:
Printed Name:	

OFFICIAL BID PRICE SHEET

OFFICIAL PROPOSAL PRICE SHEET – REGION D

Submit one (1) original Official Proposal Price Sheet (marked COST PROPOSAL) for each region that your company is bidding on.

PRICE PROPOSAL MUST BE SUBMITTED IN A SEPARATE SEALED ENVELOPE. ANY REFERENCE TO COST(S) INCLUDED WITH THE TECHNICAL/BUSINESS RESPONSE WILL RESULT IN OFFEROR'S RESPONSE BEING REJECTED.

Beneficiary Population \$_____per member per month (PMPM)

Actuarial spread \$2.85 to \$4.85

Rate must be a specific dollar amount with two digits following the decimal point (e.g. \$1.00). Bid rates must fall within actuarial sound boundaries. If requested by DMS, brokers will provide details as to how their cost was calculated. Bidder acknowledges by signing, that prices quoted out of the ranges will disqualify their bid in that Region.

AUTHORIZATION SIGNATURE

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Vendor Name:	Date:
Signature:	Title:
Printed Name:	

OFFICIAL BID PRICE SHEET

OFFICIAL PROPOSAL PRICE SHEET – REGION E

Submit one (1) original Official Proposal Price Sheet (marked COST PROPOSAL) for each region that your company is bidding on.

PRICE PROPOSAL MUST BE SUBMITTED IN A SEPARATE SEALED ENVELOPE. ANY REFERENCE TO COST(S) INCLUDED WITH THE TECHNICAL/BUSINESS RESPONSE WILL RESULT IN OFFEROR'S RESPONSE BEING REJECTED.

Beneficiary Population \$_____per member per month (PMPM)

Actuarial spread \$3.22 to \$5.49

Rate must be a specific dollar amount with two digits following the decimal point (e.g. \$1.00). Bid rates must fall within actuarial sound boundaries. If requested by DMS, brokers will provide details as to how their cost was calculated. Bidder acknowledges by signing, that prices quoted out of the ranges will disqualify their bid in that Region.

AUTHORIZATION SIGNATURE

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Vendor Name:	Date:
Signature:	Title:
Printed Name:	

OFFICIAL BID PRICE SHEET

OFFICIAL PROPOSAL PRICE SHEET – REGION F

Submit one (1) original Official Proposal Price Sheet (marked COST PROPOSAL) for each region that your company is bidding on.

PRICE PROPOSAL MUST BE SUBMITTED IN A SEPARATE SEALED ENVELOPE. ANY REFERENCE TO COST(S) INCLUDED WITH THE TECHNICAL/BUSINESS RESPONSE WILL RESULT IN OFFEROR'S RESPONSE BEING REJECTED.

Beneficiary Population \$ _____ . _____ per member per month (PMPM)

Actuarial spread \$6.06 to \$10.22

Rate must be a specific dollar amount with two digits following the decimal point (e.g. \$1.00). Bid rates must fall within actuarial sound boundaries. If requested by DMS, brokers will provide details as to how their cost was calculated. Bidder acknowledges by signing, that prices quoted out of the ranges will disqualify their bid in that Region.

AUTHORIZATION SIGNATURE

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Vendor Name:	Date:
Signature:	Title:
Printed Name:	

OFFICIAL BID PRICE SHEET

OFFICIAL PROPOSAL PRICE SHEET – REGION G

Submit one (1) original Official Proposal Price Sheet (marked COST PROPOSAL) for each region that your company is bidding on.

PRICE PROPOSAL MUST BE SUBMITTED IN A SEPARATE SEALED ENVELOPE. ANY REFERENCE TO COST(S) INCLUDED WITH THE TECHNICAL/BUSINESS RESPONSE WILL RESULT IN OFFEROR'S RESPONSE BEING REJECTED.

Beneficiary Population \$_____per member per month (PMPM)

Actuarial spread \$2.39 to \$4.29

Rate must be a specific dollar amount with two digits following the decimal point (e.g. \$1.00). Bid rates must fall within actuarial sound boundaries. If requested by DMS, brokers will provide details as to how their cost was calculated. Bidder acknowledges by signing, that prices quoted out of the ranges will disqualify their bid in that Region.

AUTHORIZATION SIGNATURE

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Vendor Name:	Date:
Signature:	Title:
Printed Name:	