BID RESPONSE PACKET 710-19-1004

BID SIGNATURE PAGE

Type or Print the following information. PROSPECTIVE CONTRACTOR'S INFORMATION Company: Address: Zip Code: City: State: Business ☐ Individual ☐ Sole Proprietorship ☐ Public Service Corp Designation: ☐ Nonprofit ☐ Partnership □ Corporation ☐ Service Disabled Veteran ☐ American Indian ☐ Asian American ☐ Not Applicable Minority and Women-Owned ☐ African American ☐ Hispanic American ☐ Pacific Islander American ☐ Women-Owned Designation*: 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: Title: Phone: Alternate Phone: Email: **CONFIRMATION OF REDACTED COPY** ☐ YES, a redacted copy of submission documents is enclosed. □ NO, a redacted copy of submission documents is not enclosed. I understand a full copy of non-redacted submission documents will be released if requested. 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. **ILLEGAL IMMIGRANT CONFIRMATION** By signing and submitting a response to this Bid Solicitation, 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. ☐ 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: _____ Title: _____ Authorized Signature: 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 - VENDOR AGREEMENT AND COMPLIANCE

Exceptions to Requirements shall cause the vendor's proposal to be disqualified.

endor Name:	Date:	
ignature:	Title:	
rinted Name:		

SECTION 4 - VENDOR AGREEMENT AND COMPLIANCE

Exceptions to Requirements shall cause the vendor's proposal to be disqualified.

ion.	comply with all Requirements as shown in this section of
dor Name:	Date:
nature:	Title:
nted Name:	

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.

Subcontractor's Company Name	Street Address	City, State, ZIP
	_	
☐ Prospective Contrac	TOR DOES NOT PROPOSE TO	USE SUBCONTRACTORS TO
PERFORM SERVICES.		
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PERFORM SERVICES. signature below, vendor agrees to and solicitation.	າ all fully comply with all Requirements	s related to subcontractors as shown ir
signature below, vendor agrees to and s bid solicitation.		s related to subcontractors as shown in
signature below, vendor agrees to and s	Da	

OFFICIAL BID PRICE SHEET

Do not amend or alter any item(s) on the Official Bid Price Sheet. Listed quantities are estimates only and not guaranteed. The State may order more or less than the estimated quantity.

ITEM	DESCRIPTION	ESTIMATED ANNUAL HOURS	UNIT PRICE PER HOUR	EXTENDED PRICE (Unit Price x Total Hours)
1.	Physical Therapy	1040	\$	\$

THE AMOUNT OF THE BID SHALL BE A FLAT RATE. There will be no change in rate pay for holidays or overtime. Time billed will be for direct patient care only (evaluation and therapy). Continuing education such as NAPPI and CPR etc., training attendance will not be billable. Mileage will not be reimbursed or billable. Screening and charting will not be billable. The amount bid **must** include all costs for the provision of on-site services at the Human Development Center.

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:			