

BID RESPONSE PACKET
710-20-0042

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Records Consultants Inc. DBA: Ranger Shredding				
Address:	12829 Wetmore Rd.				
City:	San Antonio	State:	TX	Zip Code:	78247
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input checked="" 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			
Provide contact information to be used for bid solicitation related matters.			
Contact Person:	Brad Gibbens	Title:	Vice President: Destruction Services
Phone:	800-403-4421	Alternate Phone:	210-366-4127
Email:	bgibbens@rcitech.com		


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 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: VP of Destruction Services
Use Ink Only.

Printed/Typed Name: Brad Gibbens Date: 5/4/20

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:	Ranger Shredding	Date:	5/4/20
Signature:		Title:	VP: Destruction Svcs
Printed Name:	Brad Gibbens		

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:	Ranger Shredding	Date:	5/4/20
Signature:		Title:	VP: Destruction Svcs
Printed Name:	Brad Gibbens		

SECTION 3 - 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:	Ranger Shredding	Date:	5/4/20
Signature:		Title:	VP: Destruction Svcs
Printed Name:	Brad Gibbens		

SECTION 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:	Ranger Shredding	Date:	5/4/20
Signature:		Title:	VP: Destruction Svcs
Printed Name:	Brad Gibbens		

Contract Number _____
 Attachment Number _____
 Action Number _____
 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.
 SUBCONTRACTOR: _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Yes No

TAXPAYER ID NAME: _____ IS THIS FOR: **Goods?** **Services?** **Both?**

YOUR LAST NAME: _____ FIRST NAME _____ M.I.: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTRY: _____

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:

F O R I N D I V I D U A L S *

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 [senator, 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.]	Relation
	Current	Former		From MM/YY	To MM/YY		
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

F O R A N E N T I T Y (B U S I N E S S) *

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 [senator, 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?	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

Contract Number _____
Attachment Number _____
Action Number _____

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  Title VP: Destruction Services Date 5/4/20
Vendor Contact Person Brad Gibbens Title VP: Destruction Services Phone No. (800) 403-4421

Agency use only
Agency Number 0710 Agency Name Department of Human Services Agency Contact Person _____ Agency Contact Phone No. _____
Contract or Grant No. _____



EQUAL EMPLOYMENT OPPORTUNITY POLICY

It is the established policy of Records Consultants, Inc., to provide equal employment opportunity to all qualified persons and to administer all aspects and conditions of employment without regard to race, religious belief, color, sex, pregnancy, childbirth or related medical conditions, age, national origin, ancestry, sexual orientation, gender identification, physical or mental disability, medical condition, genetic characteristics, family care, medical status, status as a veteran or qualified disabled veteran or any other classification, protected under applicable law.

Records Consultants, Inc., affirms its commitment to provide a work environment free from discrimination and harassment. Abuse of the dignity of anyone through ethnic, racist or sexist slurs, or through other derogatory or objectionable conduct, is offensive behavior. Any employee who harasses another employee or an applicant for employment because of race, religious belief, color, sex, pregnancy, childbirth or related medical conditions, age, national origin, ancestry, sexual orientation, gender identification, physical or mental disability, medical condition, genetic characteristics, family care, medical status, status as a veteran or qualified disabled veteran or any other classification, protected under applicable law, will be subject to disciplinary action, up to and including discharge.

Records Consultants, Inc., will make reasonable accommodations for the known physical or mental disabilities of an otherwise qualified applicant for employment or employee, unless undue hardship would result. Any applicant or employee who requires accommodation in order to perform the essential functions of the job should contact the President. The applicant or employee should advise Records Consultants, Inc. what accommodations he or she believes are needed in order to perform the job. Records Consultants, Inc., will work with the applicant or employee to determine possible accommodations, if any. If accommodation is reasonable and will not impose undue hardship upon Records Consultants, Inc., the Company will then make the accommodation.



State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 1

TO: All Addressed Vendors
FROM: Chorsie Burns, Buyer
DATE: April 29, 2020
SUBJECT: 710-20-0042 ON-SITE SHREDDING SERVICES

The following change(s) to the above referenced IFB have been made as designated below:

- Change of specification(s)
- Additional specification(s)
- Change of bid opening date and time
- Cancellation of bid
- Other-(SECTION 1 - GENERAL INSTRUCTIONS AND INFORMATION)

OTHER

Replace Section 1.28 Schedule of Events with the following:

1.28 SCHEDULE OF EVENTS

Public Notice of IFB	April 21, 2020
Deadline for Receipt of Written Questions	April 24, 2020
Response to Written Questions	April 30, 2020
Date and time for Opening Bids	May 6, 2020 @ 2:00pm CST
Intent to Award Announced, On or About	May 8, 2020
Contract Start (Subject to State Approval)	July 1, 2020

The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact Chorsie Burns at chorsie.burns@dhs.arkansas.gov or (501) 682-6327.


Vendor Signature

5/4/20
Date

RANGER SHREDDING; A DIVISION OF RCI
Company

Ranger On-site Document Shredding

is Hereby Granted NAID AAA Certification
by the National Association for Information Destruction



The National Association for Information Destruction (NAID®) is the non-profit trade association recognized globally as the secure data destruction industry's standards setting and oversight body.

*The certificate holder has met the rigorous requirements of the NAID AAA Certification program and demonstrated through announced and unannounced audits that its security processes, procedures, systems, equipment, and training meet the standards of care required by all known data protection regulations.**

As a result, NAID AAA Certification also serves to meet all data controller vendor selection due diligence regulatory requirements.

The certificate holder is NAID AAA Certified for the following services and media types:

- Mobile Operation Endorsed for Paper/Printed Media & Physical Hard Drive Destruction

Applicable to the following location(s):

- 12829 Wetmore Road, San Antonio, TX 78247 USA

Valid Through: May 31, 2020

Katrina Manning
NAID Certification Program Official

*NAID AAA Certification specifications are regularly evaluated/amended as necessary and service provider compliance is verified to ensure ongoing conformance with all known data protection regulations including The Privacy Act (Australia), GDPR (Europe), HIPAA, GLBA, FACTA, State-level requirements (USA), and PIPEDA, PIPA, PHIPA (Canada) in their relevant jurisdiction(s), as well as with related risk assessment, incident reporting and data breach reporting procedures and training as required therein or separately.



City of Little Rock
Treasury Management Division

100 City Hall
 500 West Markham St
 Little Rock, Ar 72201
 Phone: (501) 371-4566
 Fax: (501) 371-4569

2020

Business License

2020

License is **DANIEL GIBBENS**
 Granted To: **RANGER SHREDDING**
16220 ALEXANDER RD
LITTLE ROCK, AR 72002

License **RANGER SHREDDING**
 Address: **16220 ALEXANDER RD**
LITTLE ROCK, AR 72002

Account Number: **BL158639**

Item	Description of Business	Amount
3416	UNCLASSIFIED BUSINESS-BASE	200.00
	Auto Assessment Charge	0.00
	TOTAL PAID	\$200.00

In the City of Little Rock, County of Pulaski, State of Arkansas. For 12 months from the 1st day of **January, 2020**
 Given under my hand this the **27th** day of **January, 2020**

Scott Massanelli **Treasury Manager**

By: **Amanda McKinney**

INFORMATION OF IMPORTANCE TO HOLDER OF THIS ORIGINAL LICENSE:

- This License: 1. Does not authorize a business to operate in conflict with the laws of the City of Little Rock (inclusive of zoning regulations) or the State of Arkansas.
2. Must be posted in a conspicuous place at the business location being licensed.
3. Is NOT transferable with respect to location, business classification, or ownership. Change in location, classification or ownership will necessitate a new license.



Office of the Secretary of State

CERTIFICATE OF FILING OF

RECORDS CONSULTANTS, INC.

File Number: 127233500

Assumed Name:

Ranger Shredding

The undersigned, as Secretary of State of Texas, hereby certifies that the assumed name certificate for the above named entity has been received in this office and filed as provided by law on the date shown below.

ACCORDINGLY the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law hereby issues this Certificate of Filing.

Dated: 04/03/2017

Effective: 04/03/2017



A handwritten signature in black ink, appearing to read "R. Pablos".

Rolando B. Pablos
Secretary of State



www.rcitech.com

May 4, 2020

To whom it may concern,

Records Consultants Inc. (Doing business as; Ranger Shredding) has the staffing and equipment capacity to provide state-wide shredding service in Arkansas. For reference, Ranger Shredding currently services a contract with the Central Arkansas Veterans Health System which has locations throughout the state. Aside from offering shredding services in Arkansas, Ranger Shredding also services Texas and Arizona.

Brad Gibbens

VP of Destruction Services
Ranger Shredding; A Division of RCI
800-403-4421
www.rangershredding.com



12829 Wetmore Rd., San Antonio, TX 78247 – 210-366-4127 or 877-363-4127

