

***BID RESPONSE PACKET***  
***710-22-0050***

**PROPOSAL SIGNATURE PAGE**

Type or Print the following information.

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

| PROSPECTIVE CONTRACTOR CONTACT INFORMATION  |                  |
|---|------------------|
| <i>Provide contact information to be used for RFP 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.<br><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.<br><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 RFP Solicitation for additional information.</i> |

| ILLEGAL IMMIGRANT CONFIRMATION  |
|---|
| By signing and submitting a response to this <i>RFP Solicitation</i> , Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants and <b>shall not</b> employ or contract with illegal immigrants during the term of a contract awarded as a result of this RFP. |

| ISRAEL BOYCOTT RESTRICTION CONFIRMATION   |
|---|
| By checking the box below, Prospective Contractor agrees and certifies that they do not boycott Israel and <b>shall not</b> boycott Israel during the term of a contract awarded as a result of this RFP. |
| <input type="checkbox"/> Prospective Contractor does not and <b>shall not</b> boycott Israel.   |

**An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.**

The signature below signifies agreement that any exception that conflicts with a Requirement of this RFP *Solicitation* **may cause the Prospective Contractor's proposal to be rejected.**

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
*Use Ink Only.*  
 Printed/Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 1 - 4 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. **Use Ink Only**

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

## **MINIMUM QUALIFICATIONS**

*Please select one of the following:*

Currently providing CRT and/or SRP services. Contract Number: \_\_\_\_\_

If the Respondent currently provides Acute, Subacute, or Sexual Rehabilitative services for Arkansas Department of Human Services, the Respondent may check the box above and provide contract number(s) in lieu of submitting each item detailed in 2.2 Minimum Qualifications A-G.

Not currently providing CRT and/or SRP services. Submit the following information:

If the Respondent does not currently provide Acute, Subacute, or Sexual Rehabilitative services for Arkansas Department of Human Services, the Respondent shall:

- A. Contractors providing acute care **must** be licensed by the Arkansas Department of Health (ADH). For verification purposes, prospective contractor must submit copy of licensure.
- B. Contractors providing sub-acute care must be licensed by the Arkansas Department of Health (ADH) or by the Division of Child Care and Early Childhood Education (DCCECE). For verification purposes, prospective contractors must submit copy of licensure.
- C. Contractors providing sexual rehabilitation services **must** be licensed under Arkansas law for the independent practice of social work or counseling to provide all diagnosis, evaluation, and therapy. Personnel providing direct client service **shall** have a current Arkansas license and degree in one or more of the following: psychology, psychological examiner, licensed associate counselor under appropriate supervision, licensed professional counselor, licensed master social worker under appropriate supervision, licensed certified social worker, licensed psychologist, or psychiatrist. For verification purposes, prospective contractor **must** submit copy of licensure, with bid submission, for all personnel providing sexual rehabilitation services.
- D. All facilities must be certified by Joint Commission on Accreditation of Healthcare Organization (JCAHO), or Commission on Accreditation of Rehabilitation Facilities (CARF), now known as Rehabilitation Accreditation Commission, or the Council on Accreditation (COA). For verification purposes, Prospective Contractor **must** submit copy of certification.
- E. Contractors must be currently enrolled as a Medicaid Provider. For verification purposes, Prospective Contractor **must** submit current Medicaid Provider ID number: \_\_\_\_\_
- F. The Contractor **shall** be registered to do business in the State of Arkansas. For verification purposes, Contractor must submit official documentation of their active registration from the Arkansas Secretary of State's Office.
- G. The Contractor **shall** maintain a copy of the current Arkansas license/certification of staff who are required by state laws, rules, or regulations to be licensed. These licenses **shall** remain current throughout the duration of the contract.