

BID RESPONSE PACKET
710-24-0014

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"/> African American <input type="checkbox"/> Asian American	<input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Service Disabled Veteran <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.			
<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: _____

Printed/Typed Name: _____ Date: _____

SECTIONS 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 the bid solicitation.

Vendor Name:		Date:	
Signature:		Title:	
Printed 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.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

COUNTIES/SERVICE TYPE

Instructions: Select each county in which services can be provided by the Prospective Contractor. Refer to Attachment I for State Map of Counties.

Arkansas	
Ashley	
Baxter	
Benton	
Boone	
Bradley	
Calhoun	
Carroll	
Chicot	
Clark	
Clay	
Cleburne	
Cleveland	
Columbia	
Conway	
Craighead	
Crawford	
Crittenden	
Cross	
Dallas	
Desha	
Drew	
Faulkner	
Franklin	
Fulton	

Garland	
Grant	
Greene	
Hempstead	
Hot Spring	
Howard	
Independence	
Izard	
Jackson	
Jefferson	
Johnson	
Lafayette	
Lawrence	
Lee	
Lincoln	
Little River	
Logan	
Lonoke	
Madison	
Marion	
Miller	
Mississippi	
Monroe	
Montgomery	
Nevada	

Newton	
Ouachita	
Perry	
Phillips	
Pike	
Poinsett	
Polk	
Pope	
Prairie	
Pulaski	
Randolph	
Saline	
Scott	
Searcy	
Sebastian	
Sevier	
Sharp	
St. Francis	
Stone	
Union	
Van Buren	
Washington	
White	
Woodruff	
Yell	

All counties (Statewide)	<input type="checkbox"/>
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Instructions: Select each type of counseling service that can be provided by the Prospective Contractor.

Individual	<input type="checkbox"/>
Family	<input type="checkbox"/>
Group	<input type="checkbox"/>
Medication Management	<input type="checkbox"/>

Performance and History Form

Instructions: DHS requests that Prospective Contractors disclose historical information intended to help DHS gain a full understanding of Prospective Contractor's history. This form **must** be accurately completed and signed by the same signatory who signed the Signature Page (Refer to page 2). Failure to disclose information may be grounds for disqualification of the Prospective Contractor's bid.

- Do not include additional information if not pertinent to the request.

DHS reserves the right to verify the accuracy of responses by contacting any of the listed clients; therefore, all applicable clients **must** be listed. For purposes of this form, the "client" is not an individual, but the entity which held the contract. For each listed client, Prospective Contractor **must** include the client entity's name, address, and phone number. Additionally, Prospective Contractors are encouraged to provide an individual's contact information for a person at the client entity who is knowledgeable of the named project. If DHS contacts the clients listed, DHS reserves the right to either contact the listed individual and/or another person at the client entity. Omission of a relevant client will constitute a failure of form completion.

If there are no contracts which meet the definition, Respondent **must** state "none."

1. Provide the total number of therapists/clinicians available and describe your capacity to provide services in each county selected.

2. Has the Prospective Contractor had therapist/clinicians on probation with the State Licensing Board?

Yes No

If yes, include the number and reason(s) for the probation.

3. Has the Prospective Contractor received formal negative contract actions pertaining to contracted services from a party to which the Prospective Contractor's services were provided within the last three (3) years? A formal negative contract action is considered as any formal communication to Prospective Contractor from the state/entity receiving services that identifies failure(s) to satisfy performance obligations in the contract in a manner that represents significant non-performance or a material deviation from contractual obligations. A formal negative contract action is considered a corrective action plan, a below standard vendor performance report, or these equivalents in the State of Arkansas.

Yes No

If yes, include the number of formal negative contract actions in the space provided below. Provide the contact information for a person with the contracted party who is knowledgeable of the contractual obligations.

Authorized Signature: _____ **Title:** _____

Printed/Typed Name: _____ **Date:** _____

DOCUMENTATION CHECKLIST

As outlined in section 2.2 Minimum Qualifications in the solicitation document, please provide the following:

- Active registration from the Arkansas Secretary of State's Office, or other state approved documentation
- Copy of licensure or proof of supervision for each service provider
- Copy of certification of enrollment as a behavioral health service provider (for each service provider) in the Arkansas Medicaid Program
- Official Bid Price Sheet
- All documents provided in the bid response packet
- Copy of Vendor's Equal Opportunity Policy
- Signed Addenda, if applicable
- EO 98-04 Contract and Grant Disclosure Form (Attachment A)
- Certification for Boycott and Illegal Immigrant Restrictions (Attachment H)