BID RESPONSE PACKET 710-24-080 Occupational Services-SEAHDC

BID SIGNATURE PAGE

Type or Print the following information.

	PROSPE	CTIVE CONTR	ACTOR'S INFORMA	TION					
Company:									
Address:									
City:			State:		Zip Code:				
Business Designation:	☐ Individual ☐ Partnership	□ Sole Proprietorship□ Corporation□ Public Service Corp□ Nonprofit							
Minority and	□ Not Applicable □ American Indian □ Service Disabled Veteran								
Minority and Women-Owned	☐ African American ☐ Hispanic American ☐ Women-Owned								
Designation*:	□ Asian American □ Pacific Islander American								
	AR Certification #: * See Minority and Women-Owned Business Policy								
			OR CONTACT INFO		tters.				
Contact Person:			Title:						
Phone:			Alternate Phone:						
Email:									
	COI	NFIRMATION C	F REDACTED COPY	•					
□ NO, a redacted documents will Note: If a redacted neither box pricing), will	be released if requested. d copy of the submission of is checked, a copy of the i	nents is <u>not</u> end locuments is no non-redacted do o any request n	closed. I understand a t provided with Prospe ocuments, with the exc	ective Cont	f non-redacted submission ractor's response packet, and nancial data (other than m of Information Act (FOIA).				
	ILLE	EGAL IMMIGRA	ANT CONFIRMATION						
not employ or con		s. If selected, the	he Prospective Contra		s and certifies that they do es that they will not employ or				
	ISRAEL B	OYCOTT REST	TRICTION CONFIRM	ATION					
will not boycott Isr	ox below, a Prospective C ael during the aggregate to ontractor does not and will	erm of the contr	act.	ey do not bo	bycott Israel, and if selected,				
	zed to bind the Prospect				•				
	w signifies agreement that ctive Contractor's bid to			equirement	of this <i>Bid Solicitation</i> will				
Authorized Signat	ure:		Title:						
Printed/Typed Nar	me:		Date:						

SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE

thi	Any requested exceptions to items in this section which are <u>NON-mandatory</u> 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.								hment to			
Ex	ceptions t	o Requiremer	ts shall cau	se the ven	dor's prop	osal to b	e disqualifi	ied.				
By signatu	ıre below,	vendor agre	es to and	shall fully	comply	with all r	equireme	nts as sh	own in t	he bid sc	licitation	١.
Vendor	Name:	:					ı	Date:				
Signatu	ure:							Γitle:				
Printed	l Name:											
		'										

DOCUMENTATION CHECKLIST

As outlined in section 2.3 Minimum Qualifications in the solicitation document, please provide the following:

- Current and valid license to practice occupational therapy in the State of Arkansas
- Active registration from the Arkansas Secretary of State's Office, or other state approved documentation
- 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 Disclosure Form (Attachment A)