

BID RESPONSE PACKET
710-25-055


BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:	Hebrews 11:1 LLC		
Address:	121 S. Main Street		
City:	Hope	State: Ar	Zip Code: 71801
Business Designation:	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <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 checked="" type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input checked="" type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American		
AR Certification #: 7400223		* See Minority and Women-Owned Business Policy	
PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for bid solicitation related matters.			
Contact Person:	Arnetta Bradford	Title:	Owner
Phone:	870-826-3465	Alternate Phone:	
Email:	nett1984b@yahoo.com		
CONFIRMATION OF REDACTED COPY			
<input type="checkbox"/> YES, a redacted copy of the <i>Bid Response Packet</i> is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of the <i>Bid Response Packet</i> is <u>not</u> enclosed. I understand a full copy of non-redacted documents will be released if requested. <i>Note: If a redacted copy of the Bid Response Packet is not provided 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 the Bid Solicitation Document for additional information.</i>			
COMBINED CERTIFICATIONS FORM			
Bidder has included in the <i>Bid Response Packet</i> the signed Attachment H: Combined Certifications for Contracting with the State of Arkansas.			

An official authorized to bind the bidder to a resultant contract must sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this IFB will cause the bid to be disqualified:


Authorized Signature:  Title: Owner

Printed/Typed Name: Arnetta Bradford Date: 3-27-2025

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 bid to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all requirements as shown in the IFB.

Vendor Name:	Hebrews 11:1 LLC	Date:	3-27-2025
Signature:		Title:	Owner
Printed Name:	Arnetta Bradford		

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.**

Equal Employment Opportunity and Anti-Discrimination Policy

I. OVERVIEW & SCOPE

Hebrews 11:1 of 121 S Main, Hope, Arkansas 71801, has established an Anti-Discrimination and Equal Employment Opportunity Policy ("EEO"). This EEO policy applies to all aspects of the relationship between Hebrews 11:1 and its employees, including, but not limited to, employment, recruitment, advertisements for employment, hiring and firing, compensation, assignment, classification of employees, termination, upgrading, promotions, transfer, training, working conditions, wages and salary administration, and employee benefits and application of policies. These policies apply to independent contractors, temporary employees, all personnel working on the premises, and any other persons or firms doing business for or with Hebrews 11:1. Disciplinary action will be taken against any employee or agent in breach of this policy.

II. POLICIES

1. DISCRIMINATION. Hebrews 11:1 shall not tolerate, under any circumstances, without exception, any form of discrimination based on race, creed, religion, color, age, disability, pregnancy, marital status, parental status, veteran status, military status, domestic violence victim status, national origin, political affiliation, sex, predisposing genetic characteristics, and any other status protected by the law. This list is not exhaustive. Job promotions will be offered to employees based on merit, experience, and other job-related criteria. For qualified people with disabilities, Hebrews 11:1 will make every effort to provide reasonable workplace accommodations that comply with applicable laws. All employees, managers, stakeholders, and agents at Hebrews 11:1 will comply with these anti-discrimination policies. In some cases, local laws and regulations may provide greater protections than those described in this policy.

2. HARASSMENT. Hebrews 11:1 is committed to providing a work environment that is free from harassment. Any behavior that is unwanted and offensive to the recipient, which creates an intimidating, hostile, or humiliating work environment for that person violates Hebrews 11:1's policy. Harassment can occur between members of the opposite sex or the same sex. Harassment, verbal or non-verbal, explicit or implicit, based on an individual's sex, race, ethnicity, national origin, age, religion or any other legally protected characteristics will not be tolerated. All employees, including supervisors, other management personnel, and independent contractors, are required to abide by this policy. No person will be adversely affected in employment with Hebrews 11:1 as a result of bringing complaints of harassment.

3. SEXUAL HARASSMENT. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute harassment when (1) submission to such conduct is made either explicitly or implicitly a term or condition of employment; (2) submission to or rejection of such conduct by an individual is used as a basis for employment decisions, promotion, transfer, selection for training, performance evaluations, benefits, or other terms and conditions of employment; or (3) such conduct has the purpose or effect of creating an intimidating, hostile, or offensive work environment or substantially interferes with an employee's work performance. Hebrews 11:1 prohibits inappropriate conduct that is sexual in nature at work, on Company business, or at Company-sponsored events including the following: comments, jokes, degrading language, sexually suggestive objects, books, or any form of media electronic or in print form. Sexual harassment is prohibited whether it is between members of the opposite sex or members of the same sex.

4. STATEMENT ON AFFIRMATIVE ACTION. An affirmative action program has been developed where Hebrews 11:1 seeks to increase the representation and participation of minorities.

5. REPORTING DISCRIMINATION & HARASSMENT. If an employee feels that he or she has been harassed as described in this policy, they should immediately report the matter to management or Arnetta Bradford- Director through any verbal or written means. If that contact is not available, or if the employee is not comfortable informing this contact, the employee should immediately inform any other manager or supervisor. Once the matter has been reported it will be promptly investigated and any corrective action will be taken when deemed appropriate. All complaints or unlawful harassment under this policy or otherwise will be handled in as confidential a manner as possible. Timely reporting is encouraged to prevent the re-occurrence of, or otherwise address, the behavior that violates this policy or law. Delays in reporting a complaint can limit the type of effectiveness of a response by Hebrews 11:1. The procedure for reporting incidents of discriminatory or harassing behavior is not intended to prevent the right of any employee to seek a remedy under available state or federal law by immediately reporting the matter to the appropriate state or federal agency.


6. RETALIATION. Retaliation against any person associated with Hebrews 11:1 who reports instances of harassment - whether he or she is directly or indirectly involved - is in violation of Hebrews 11:1's policies. All reported incidents are assumed to be made in good faith. Any allegations that are proven false will be treated as a serious matter.

7. DISCIPLINARY MEASURES FOR HARASSMENT. Any employee engaging in behavior that violates this policy will be subject to disciplinary action, including the possible termination of employment, whether or not an actual law has been violated.

8. TRAINING. All employees, supervisors, and management personnel will be required to attend mandatory anti-discrimination, anti-harassment, and/or anti-sexual harassment training of a kind as designated by Hebrews 11:1.

9. REMEDIES. Remedies for any instances of verified employment discrimination, whether caused intentionally or by actions that have a discriminatory effect, may include back pay, hiring, promotion, reinstatement, front pay, reasonable accommodation, or other actions deemed appropriate by Hebrews 11:1. Remedies can also include payment of attorney's fees, expert witness fees, court costs and other applicable legal fees.

10. POLICY IMPLEMENTATION. Implementation of this Policy will be effective as of March 01, 2022.

By: 
Arnetta Bradford, Director

Date: 03/08/2023

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: Office of Procurement
DATE: March 26, 2025
SUBJECT: 710-25-055 Food Services

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

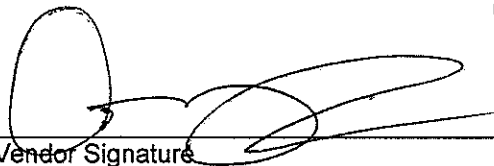
_____ Change of specification(s)
_____ Additional specification(s)
_____ Change of bid opening date and time
_____ Cancellation of bid
☒ Other

OTHER

- Official Bid Price Sheet – remove and replace with the Revised Official Bid Price Sheet

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: Ian Cunningham
DHS.OP.Solicitations@dhs.arkansas.gov
(501) 682-0120


Vendor Signature

3.27.2025
Date

Hebrews 11.1 LLC
Company

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

ADDENDUM 2

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: March 28, 2025
SUBJECT: 710-25-055 Food 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

OTHER

- Attachment J Sample Menus – added Attachment J Sample Menus
- Written Questions and Answers – added Written Questions and Answers

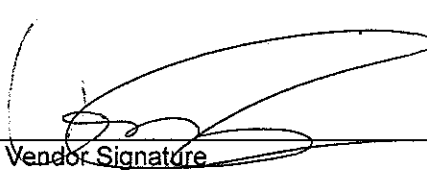
The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Ian Cunningham
DHS.OP.Solicitations@dhs.arkansas.gov
(501) 682-0120

Vendor Signature

Date

Company


Helorews III LLC

3-27-2025

Z E R O

S I X

E I G H T

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

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:

SUBCONTRACTOR NAME:

☐ Yes ☒ No

IS THIS FOR:

Goods? ☐ Services? ☒ Both? ☐

TAXPAYER ID NAME:

Hebrews 11:1 LLC

YOUR LAST NAME:

Bradford

FIRST NAME

Ametta

M.I.:

S

ADDRESS:

4497 Hempstead 3

CITY:

Hope

STATE:

Ar

ZIP CODE:

71801

COUNTRY:

USA

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:**FOR INDIVIDUALS ***

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.]	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member	✓		Black History Commission	01/23	01/30	Ametta Bradford	self
State Employee							

☐ None of the above applies**FOR AN ENTITY (BUSINESS) ***

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 (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member	✓		Black History Commission	01/23	01/30	Ametta Bradford	100%	owner
State Employee								

☐ None of the above applies

WARD _____

NAME _____

SEE _____

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 [Signature] Title owner Date 3.27.2025
Vendor Contact Person Anetta Braddock Title owner Phone No. 870-826-3465

Agency use only

Agency Number 5 Agency Name 22288 Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____



Department of Transformation and Shared Services
Governor Sarah Huckabee Sanders
Secretary Leslie Fiskien

COMBINED CERTIFICATIONS FOR CONTRACTING WITH THE STATE OF ARKANSAS

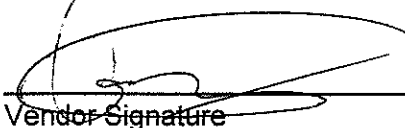
Pursuant to Arkansas law, a vendor must certify as specified below and as designated by the applicable laws.

- 1. Israel Boycott Restriction:** For contracts valued at \$1,000 or greater.
A public entity shall not contract with a person or company (the "Contractor") unless the Contractor certifies in writing that the Contractor is not currently engaged in a boycott of Israel. If at any time after signing this certification the Contractor decides to boycott Israel, the Contractor must notify the contracting public entity in writing. See Arkansas Code Annotated § 25-1-503.
- 2. Illegal Immigrant Restriction:** For contracts valued at \$25,000 or greater.
No state agency may contract for services with a Contractor who knowingly employs or contracts with an illegal immigrant. The Contractor shall certify that it does not knowingly employ, or contract with, illegal immigrants. See Arkansas Code Annotated § 19-11-105.
- 3. Energy, Fossil Fuel, Firearms, and Ammunition Industries Boycott Restriction:** For contracts valued at \$75,000 or greater.
A public entity shall not contract unless the contract includes a written certification that the Contractor is not currently engaged in and agrees not to engage in, a boycott of an Energy, Fossil Fuel, Firearms, or Ammunition Industry for the duration of the contract. See Arkansas Code Annotated § 25-1-1102.
- 4. Scrutinized Company Restriction:** Required with bid or proposal submission.
A state agency shall not contract with a Scrutinized Company or a company that employs a Scrutinized Company as a subcontractor. A Scrutinized Company is a company owned in whole or with a majority ownership by the government of the People's Republic of China. A state agency shall require a company that submits a bid or proposal for a contract to certify that it is not a Scrutinized Company and does not employ a Scrutinized Company as a subcontractor. See Arkansas Code Annotated § 25-1-1203.

By signing this form, the Contractor agrees and certifies they are not a Scrutinized Company and they do not currently and shall not for the aggregate term of any resultant contract:

- Boycott Israel.
- Knowingly employ or contract with illegal immigrants.
- Boycott Energy, Fossil Fuel, Firearms, or Ammunition Industries.
- Employ a Scrutinized Company as a subcontractor.

Contract Number: 710-25-055 Description: Food Services - Arkansas State Hospital (ASH)
Agency Name: Department of Human Services, Division of Aging, Adult, and Behavioral
Vendor Number: 100066355 Vendor Name: Hebrews 11:1 LLC ^{Health Services}


Vendor Signature

3-27-2025
Date

Attachment H
Client History Form
Food Services
710-25-055

Attachment H

Food Services

Instructions: This form is intended to help the State gain a more complete understanding of each Respondent's experience. This form **must** be completed completely and accurately.

The State reserves the right to verify the accuracy of these answers by contacting any of the listed clients, and all applicable clients **must** be listed. Omission of a client will constitute a failure to complete this form.

For purposes of this form, the "client" is not an individual but the entity which held the contract. By way of explanation, in the Contract resulting from this IFB, Arkansas DHS will be the client. For each listed client, Respondents may (but are not required) provide contact information for a person at the client entity who is knowledgeable of the named project. If the State contacts clients listed on this form, the State reserves the right to contact the listed individual or another person at the listed client.

The boxes below each prompt will expand if necessary. The form **must** be signed (please see the final page) by the same signatory who signed the Response Signature Page.

1. As required in Section 2.3.C, please provide a narrative describing current volume, staffing, equipment, and operational standards and capability.

Hebrews 11:1 Catering provided full-scale meal services under a state contract for the Camp Robinson Youth Challenge Program, serving at-risk youth in a structured environment. We cooked three daily meals plus snacks, seven days a week, ensuring quality, consistency, and adherence to state nutritional guidelines all on site.

Current Volume: 130+ meals per serving (breakfast, lunch, and dinner), totaling 390+ meals daily. 2,730+ meals weekly and 10,000+ meals monthly.
Custom meal options for dietary restrictions, allergies, and nutritional needs.

Staffing: Breakfast & Lunch: 8 staff members.
Dinner: 6 staff members.

Registered Dietitian: Designed menus meeting state health and USDA guidelines.

Equipment & Operations: Commercial-grade kitchen with industrial ovens, refrigeration, and meal tracking systems. Strict food safety compliance, following Arkansas Department of Health regulations. Efficient meal service, adhering to program schedules and sanitation protocols.

Nutritional Standards:
Dietitian-approved menus balancing protein, grains, fruits, and vegetables.
Allergen control protocols for students with dietary restrictions.

2. As required in Section 2.3.D, please list clients where you (the prime contractor only) **served as the prime contractor** for providing food services in the past three (3) years. For each client, please specify the institution, not just the state or political subdivision. Please briefly describe the scope of the contract, the institution's patient capacity, and the duration of services. If there are no contracts which meet this definition, please state "none."

Clients Served as Prime Contractor for Food Services (Past Three Years)

1. Camp Robinson Youth Challenge Program


- Institution: Camp Robinson Youth Challenge Program, Arkansas National Guard
- Scope of Contract: Provided full-scale food services for at-risk youth in a structured, military-style residential program. Services included:
 - Three meals daily, seven days a week, plus snacks.
 - Nutritionally balanced menus created by a registered dietitian to meet USDA and Arkansas Department of Health guidelines.
 - Meal preparation, service, and sanitation managed by a trained culinary staff.
 - Adherence to strict food safety and allergen protocols.
- Patient Capacity: Served 130+ cadets per meal (breakfast, lunch, and dinner), totaling over 390 meals per day.
- Duration of Services: 05-01-2023 – 07-01-2024

2

. Local School Catering Services

- Institutions: Hope Schools, Spring Hill School, and Blevins Schools, Hope, Arkansas
- Scope of Contract: Provided nutritious meals and beverages specifically for all teachers across three school districts. Services included:
 - Preparing and delivering fresh, high-quality meals to over 2,000 educators.
 - Designing well-balanced menus in collaboration with a registered dietitian to meet dietary guidelines.
 - Offering healthy drink options alongside meals.
 - Ensuring efficient meal distribution and coordination with school administrators.
- Sample Meals Provided:
 - Homemade Chicken Salad with fresh croissants or lettuce wraps
 - Club Sandwiches with turkey, ham, bacon, and fresh vegetables
 - Homemade Soups such as loaded baked potato, tomato basil, and chicken noodle
 - Chef Salads with grilled chicken, boiled eggs, shredded cheese, and fresh greens
 - Grilled Chicken Wraps with avocado and homemade dressing
 - Pasta Salads with lean proteins and fresh vegetables
- Beverage Options:
 - Freshly Brewed Coffee (regular and flavored options)
 - Iced and Hot Teas (sweet, unsweetened, and herbal varieties)
 - Fruit Smoothies made with fresh fruit and Greek yogurt
 - Infused Water with lemon, mint, or berries
- Capacity: Served over 2,000 teachers per meal across multiple school locations.
- Duration of Services: October 7, 2019 – January 1, 2025

Authorized Signature: _____



Title: _____
Owner

Printed/Typed Name: _____

Arnetta Bradford

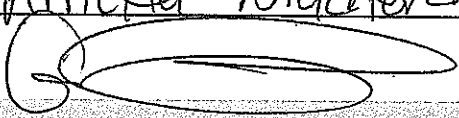
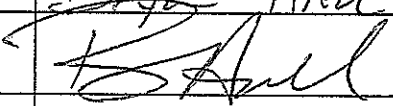
Date: _____

3-27-2025

ATTACHMENT I - SITE VISIT VERIFICATION FORM

- Present this Site Visit Verification Form to the ASH Administrator or Designee for signature upon completion of the site visit. To schedule a site visit, please contact: Bryan Hall, (501) 650-2471
- Submit the signed Site Visit Verification Form with the Bid Response Packet at bid submission.

This signed Site Visit Verification Form serves as verification that the Prospective Contractor or representative, named below, was present and participated in the site visit as required by IFB 710-25-055 for Food Services – Arkansas State Hospital.

PROSPECTIVE CONTRACTOR'S REPRESENTATIVE INFORMATION	
Company Name:	Hebrews 11, LLC
Representative's Printed Name:	Ametta Bradford
Signature:	
ASH ADMINISTRATOR or DESIGNEE INFORMATION	
Printed Name:	Bryan Hall
Signature:	
Date of Site Visit:	3/31/25



THE ARKANSAS DIETETICS
LICENSING BOARD
ISSUES THIS LICENSE AS A
LICENSED DIETITIAN
TO
Rosemary Gatliff

Under the authority of Dietetic Practice Act No. 392

LICENSE NUMBER

2614

DATE OF ISSUE

07.16.24

EXPIRATION DATE

07.31.25

Debra Head
CHAIRPERSON

Rosalie P. Hyland
SECRETARY

Details

For service of process contact the Secretary of State's office.

LLC Member information is now confidential per Act 865 of 2007

For access to our corporations bulk data download service [click here](#).

Corporation Name
HEBREWS 11:1 LLC

Fictitious Names
—

Filing #
811206449

Filing Type
Limited Liability Company

Filed Under Act
Domestic LLC; 1003 of 1993

Status
Good Standing

Principal Address
—

Reg. Agent
ARNETTA BRADFORD

Agent Address
4497 HEMPSTEAD 3 HOPE, AR 71801

Date Filed
06/04/2019

Officers

ARNETTA SHONTAE BRADFORD, Manager
ARNETTA BRADFORD, Incorporator/Organizer

Foreign Name

N/A

Foreign Address

—

State of Origin

—

Purchase a Certificate of Good Standing for this Entity
Pay Franchise Tax for this corporation

Attachment H
Client History Form
Food Services
710-25-055

Attachment H

Food Services

Instructions: This form is intended to help the State gain a more complete understanding of each Respondent's experience. This form **must** be completed completely and accurately.

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The boxes below each prompt will expand if necessary. The form **must** be signed (please see the final page) by the same signatory who signed the Response Signature Page.

1. As required in Section 2.3.C, please provide a narrative describing current volume, staffing, equipment, and operational standards and capability.

2. As required in Section 2.3.D, please list clients where you (the prime contractor only) **served as the prime contractor** for providing food services in the past three (3) years. For each client, please specify the institution, not just the state or political subdivision. Please briefly describe the scope of the contract, the institution's patient capacity, and the duration of services. If there are no contracts which meet this definition, please state "none."

Authorized Signature:  _____ Title: _____

Printed/Typed Name: _____ Date: _____