

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:	David's Custom Cleaning		
Address:	P.O. Box 2595		
City:	Harrison	State:	AR Zip Code: 72602
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 checked="" 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 Minority and Women-Owned Business Policy	
PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for bid solicitation related matters.			
Contact Person:	Angela Olivan	Title:	co-owner
Phone:		Alternate Phone:	
Email:	olivans2005@yahoo.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 in the 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>			
COMBINED CERTIFICATIONS FORM			
Prospective Contractor has included, in this submission packet, the signed Attachment H-Combined Certifications for Contracting with the State of Arkansas.			

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: David Olivan Title: co-owner
 Printed/Typed Name: David Olivan Date: 3-30-25

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:	David's Custom Cleaning	Date:	3/30/25
Signature:	David Olivan	Title:	Co-owner
Printed Name:	David Olivan		

OFFICIAL BID PRICE SHEET

710-25-064 Janitorial Services

All costs **must** be included in the unit price. Costs not included in the unit price below are not billable under a contract established from this solicitation. Bidder must submit a printed copy of the completed Official Bid Price Sheet with bid submission.

Quantities are estimated for bidding purposes only. Quantities may increase or decrease.

Instructions - Enter the unit price per square foot and the monthly amount for each location being bid. Pricing is not required for locations not being bid.

ITEM	DESCRIPTION	ESTIMATED QUANTITY (square feet)	UNIT PRICE (per square foot)	MONTHLY AMOUNT
1	Janitorial - Scott County	5,740		
2	Janitorial - Stone County	7,500		
3	Janitorial - Washington County	24,529	•18	4,415.22
4	Janitorial - Woodruff County	8,100		
5	Janitorial - Howard County	3,060		
6	Janitorial - Lincoln County	3,405		
7	Janitorial - Little River County	3,654		
8	Janitorial - Perry County	5,565		

Number of hours bidder proposes to clean per day:

AUTHORIZED SIGNATURE:

5 hrs with 3 crew members for both buildings

MINIMUM QUALIFICATIONS

- In accordance with Section 2.3.B, provide the name, address, and telephone number of the supervisor who will inspect the building for each location being bid at least once a week to ensure compliance with all contract requirements:

County	Name	Address	Phone Number
Searcy	Jessica Tacker	3039 Oyler Rd Clinton, AR	501-757-2919
Cross			
Jackson			

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
DAVIDS CUSTOM CLEANING CO.

Fictitious Names
—

Filing #
811043036

Filing Type
For Profit Corporation

Filed Under Act
Dom Bus Corp; 958 of 1987

Status
Good Standing

Principal Address
—

Reg. Agent
DAVID OLIVAN

Agent Address
6519 PARKWOOD LANE HARRISON, AR 72601

Date Filed
11/19/2013

Officers
DAVID OLIVAN, Incorporator/Organizer
ANGELA OLIVAN, Incorporator/Organizer
DAVID C OLIVAN, President
FEIGHERT FINANCIAL, LLC, Tax Preparer
ANGELA M OLIVAN, Vice-President
ANGELA M OLIVAN, Secretary

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 B - SITE VISIT VERIFICATION FORM

- Present this Site Visit Verification Form to the County Administrator or Designee for signature upon completion of the site visit for each location being bid.
- 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 Invitation for Bid 710-25-064 for Janitorial Services.

PROSPECTIVE CONTRACTOR'S REPRESENTATIVE INFORMATION	
Company Name:	
Representative's Printed Name:	
Signature:	
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – SCOTT CO.	
Printed Name:	
Signature:	
Date of Site Visit:	
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – STONE CO.	
Printed Name:	
Signature:	
Date of Site Visit:	
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – WASHINGTON CO. MAIN OFFICE	
Printed Name:	<i>Bobby Stewart</i>
Signature:	<i>Bob Stewart</i>
Date of Site Visit:	<i>03192025</i>
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – WASHINGTON CO. ANNEX OFFICE	
Printed Name:	
Signature:	
Date of Site Visit:	

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 David Olivan Title Co-owner Date 3/30/25
Vendor Contact Person Angela Olivan Title Co-owner Phone No. 3/38/25

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

Contract Number _____
 Attachment Number _____
 Action Number _____

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 NAME:

Yes No

TAXPAYER ID NAME: 416-1839480 IS THIS FOR: Goods? Services? Both?

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

ADDRESS: P.O. Box 2595

CITY: Harrison STATE: AR ZIP CODE: 72602 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:

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.]	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

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?	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY			
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

None of the above applies

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.

Attachment F

Janitorial 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.

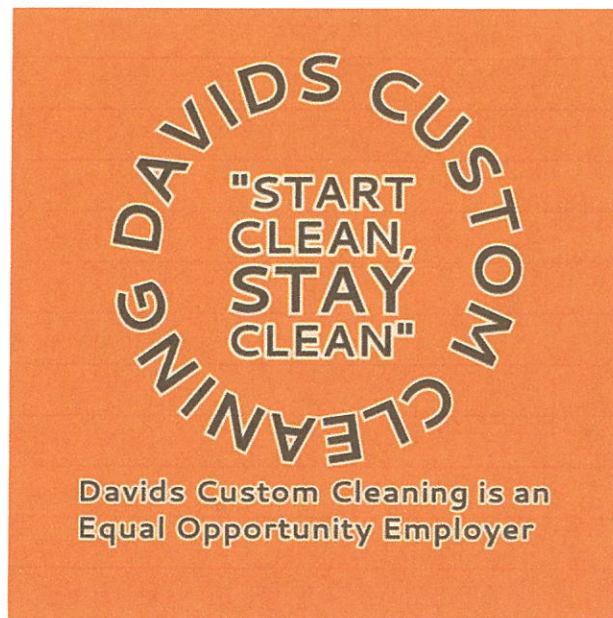
For purposes of this form, the "client" is not an individual but the entity which held the contract. By way of explanation, in the Contract resulting from this IFB, Arkansas DHS will be the client. For each listed client, Respondents may (but are not required) provide the contact information for a person 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. Please list clients where you (the prime contractor only) served as the prime contractor or subcontractor for providing janitorial services for at least two (2) years. For each client, please specify the organization/agency/division. Please specify the duration of services for each. If there are no contracts which meet this definition, please state "none."

Boone County DHS office - 6 yrs
Marion County DHS office - 5 yrs
Lawrence County DHS office - 3 yrs

Authorized Signature: David Olivan Title: coowner
Printed/Typed Name: David Olivan Date: 3/30/25



David's Custom Cleaning is an equal-opportunity employer that complies with EEOC rules and regulations. David's Custom Cleaning is committed to diversity, equity, and inclusion and doesn't discriminate based on race, age, disability, or other non-merit characteristics. David's Custom Cleaning provides on-the-job training for all positions within our organization. Employees will have 24-hour access to a janitorial manager with any questions about safety or job requirements. David's Custom Cleaning provides monthly updates and as-needed training through our monthly newsletter. David's Custom Cleaning will retrain and offer weekly inspections to any crew member who does not perform to our cleaning standards, as detailed in the company handbook. David's Custom Cleaning is committed to the success of each crew member on our cleaning team.



Division of County Operations

P.O. Box 447, 114 E Old Main St, Yellville, AR 72687

P: 870.449.4058 F: 870.449.6720 TDD: 501.682.8933

3/14/2024

To Whom it May Concern,

I am pleased to recommend David's Custom Cleaning to present you with top-notch cleaning services for your company. We have been using their cleaning services for a couple of years now and have always been satisfied with the cleaning quality.

From using their services, they have always been punctual and delivered more than expected. They have provided some of the most dependable services. Aside from that, the ladies are enthusiastic cleaners that give their best while working.

Thank you for your time. I am hoping that you will try David's Custom Cleaning services for your office, as well.

Sincerely,

Krista McCalla

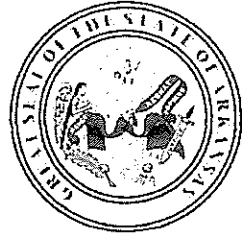
County Administrator



**Division of County Operations
BOONE COUNTY**

christopher.holder@arkansas.gov

2126 Capps Road, PO Box 1096, Harrison, AR 72601
870-741-6107 · Fax: 870-741-6198
TDD: 501-682-8933



March 11, 2024

To: Whom it may concern

From: Chris S. Holder
County Administrator
Department of Human Services
Boone County

Topic: Letter of Recommendation

I would like to offer this letter as my recommendation for David's Custom Cleaning in their bid for work with the State of Arkansas. I have had the privilege of working with David and Angela for several years now here in Boone County. They have by far done the best job as our janitor by far. They are responsive to request and needs of the office. They are always available to me either by email or by phone and they are very responsive.

I would highly recommend David's Customer Cleaning for the bid for the work with the State of Arkansas. They are above and beyond many of the other vendors who tend to bid on our janitorial contracts.

If you have any questions please feel free to contact me at any time.

Respectfully,

Chris S. Holder



**Division of County Operations
BOONE COUNTY**

Delisa.martin@dhs.arkansas.gov

204 Bucher Dr, PO Box 408, Mountain Home, AR 72653
870-425-6011 · Fax: 870-425-9116
TDD: 501-682-8933



March 12, 2024

To: Whom it may concern

From: DeLisa Martin
County Administrator
Department of Human Services
Baxter County

Topic: Letter of Recommendation

I would like to offer this letter as my recommendation for David's Custom Cleaning in their bid for work with the State of Arkansas. I have had the privilege of working with David and Angela since July of 2023 here in Baxter County. They have by far done the best job as our janitor by far. They are responsive to request and needs of the office. They are always available to me either by email or by phone and they are very responsive.

I would highly recommend David's Customer Cleaning for the bid for the work with the State of Arkansas. They are above and beyond many of the other vendors who tend to bid on our janitorial contracts.

If you have any questions, please feel free to contact me at any time.

Respectfully,

A handwritten signature in black ink that reads "DeLisa Martin".

DeLisa Martin

MINIMUM QUALIFICATIONS

- In accordance with Section 2.3.B, provide the name, address, and telephone number of the supervisor who will inspect the building for each location being bid at least once a week to ensure compliance with all contract requirements:

County	Name	Address	Phone Number
Scott			
Stone			
Washington	Kathy Martinez	355 Mee Ker Dr. Gentry, AR 72734	479-387-1259
Woodruff			
Howard			
Lincoln			
Little River			
Perry			