

BID RESPONSE PACKET

710-25-079

Occupational and Physical Therapy Services
AHDC

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"/> 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 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 Minority and Women-Owned Business Policy				
PROSPECTIVE CONTRACTOR CONTACT INFORMATION				
Provide contact information to be used for bid solicitation related matters.				
Contact Person:		Title:		
Phone:		Alternate Phone:		
Email:				
CONFIRMATION OF REDACTED COPY				
<input type="checkbox"/> YES, a redacted copy of the <i>Bid Response Packet</i> is enclosed. <input 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 B: 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: _____

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 bid to be disqualified.

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

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.**

DOCUMENTATION CHECKLIST

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

- For **Physical Therapist**–Prospective Contractor **must** provide copy of licensure with bid submission.
- The **Physical Therapist**- Using the Client History Form (Attachment H), PT must provide years of experience in an ICF (Intermediate Care Facility) for individuals with intellectual disabilities. As defined, an ICF is a long-term care/residential facility with 24/7 care, supervision, training, support, and medical care.
- For **Occupational Therapist**- Prospective Contractor **must** provide copy of certification documents with bid submission.
- The **Occupational Therapist**- Using the Client History Form (Attachment H), OT must provide years of experience in an ICF (Intermediate Care Facility) for individuals with intellectual disabilities. As defined, an ICF is a long-term care/residential facility with 24/7 care, supervision, training, support, and medical care.
- Active registration from the Arkansas Secretary of State's Office, or other state approved documentation
- *Official Bid Price Sheet*
- All remaining documents provided in the *Bid Response Packet*
- Copy of Prospective Contractor's *Equal Opportunity Policy*
- Signed Addenda, if applicable
- EO 98-04 Disclosure Form (Attachment A)
- Combined Certifications (Attachment B)
- Client History Form (Attachment H)