



BID RESPONSE PACKET
710-26-033
Physical Therapy-SEAHDC

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"/> Corporation	<input type="checkbox"/> Public Service Corp <input type="checkbox"/> Nonprofit
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 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>			
REQUIRED CERTIFICATIONS			
By signing and submitting a response to this Solicitation, Prospective Contractor represents, warrants, and certifies that they are not a Scrutinized Company and they do not currently and shall not for the aggregate term of a resultant contract: <ul style="list-style-type: none"> Boycott Israel. Knowingly employ or contract with illegal immigrants. Boycott Energy, Fossil Fuel, Firearms, or Ammunition Industries. Employ a Scrutinized Company as a contractor. Prospective Contractor represents, warrants, and certifies that it shall not become a Scrutinized Company during the aggregate term of a contract resulting from this Solicitation. The Prospective Contractor further represents, warrants, and certifies in shall in all other respects comply with the laws, rules, and executive orders of the state that apply to the Contractor's performance during the aggregate term of a contract resulting from this Solicitation.			

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 under a resulting contract.

DOCUMENTATION CHECKLIST

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

- The Physical Therapist (PT) **must** be licensed and regulated by the Arkansas State Board of Physical Therapy. For verification purposes, Prospective Contractor **must** provide copy of licensure with bid submission.
- For Physical Therapist- In accordance with Section 2.3 D, Prospective Contractor **must** have a minimum of three (3) years of experience providing services to individuals with intellectual disabilities and/or mental illness in a long-term care facility setting, defined as a residential setting that provides 24/7 ongoing medical care and support. Please state the number of years of experience with a brief description of that experience on Attachment H- Client History Form.
- 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 Prospective Contractor's *Equal Opportunity Policy*
- Signed Addenda, if applicable
- *Attachment A: Executive Order 98-04 Disclosure Form*