BID RESPONSE PACKET

710-26-037

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:					
Address:					
City:		State:		Zip Code:	
Business Designation:	☐ Individual ☐ Partnership	☐ Sole Proprietorship ☐ Corporation	☐ Public Service Corp ☐ Nonprofit		

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

☐ YES, a redacted copy of the *Bid Response Packet* is enclosed.

☐ NO, a redacted copy of the *Bid Response Packet* is not enclosed. I understand a full copy of non-redacted documents will be released if requested.

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.

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:

- 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.**

MINIMUM QUALIFICATIONS

In accordance with Section 2.3.G, Contractor must have an after-hours emergency contact number and an after-hours testing facility. Please provide the after-hours contact name and phone number in the space provided below.

After Hours Contact Name(s): _____

After Hours phone number(s): _____

DOCUMENTATION CHECKLIST

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

- Active registration from the Arkansas Secretary of State's Office, or other state approved documentation
- *Attachment F: Client History Form*
- Current SAMHSA certification
- Business permit(s) for specimen collection including Prospective Contractor and subcontractor(s), if applicable.
- Copy of lab licensure by Department of Health
- *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*