BID RESPONSE PACKET

710-26-048

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Master's Transportation				
Address:	14655 Prospect Ave.				
City:	Kansas City	State:	MO	Zip Code:	64146
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:	Phillip Scherer	Title:	Director of Public Sector Sales
Phone:	816-979-3788 ext. 788	Alternate Phone:	855-935-1383
Email:	pscherer@masterstransportation.com		

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:** Director of Public Sector Sales

Printed/Typed Name: Phillip Scherer **Date:** 3/16/26

SECTIONS 1 - 3 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:	Master's Transportation	**Date:**	3/16/26
Signature:		**Title:**	Director of Public Sector Sales
Printed Name:	Phillip Scherer		

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:

- Active registration from the Arkansas Secretary of State's Office, or other state approved documentation
- Dealership license
- *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*

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 2, 2026
SUBJECT: 710-26-048 Cutaway Buses

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
__X__ Other

OTHER

- 710-26-048 Solicitation – remove and replace with 710-26-048 Revised Solicitation

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: Jordan Philson, DHS.OP.Solicitations@dhs.arkansas.gov, (501) 396-6095.

Vendor Signature

3-16-2026
Date

Master's Transportation
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 5, 2026
SUBJECT: 710-26-048 Cutaway Buses

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

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

CHANGE OF BID OPENING DATE AND TIME

- Submission date and time has been extended to March 18, 2026, 1:00 p.m. Central Time.
- Bid opening date and time has been extended to March 18, 2026, 2:00 p.m. Central Time.

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: Jordan Philson
DHS.OP.Solicitations@dhs.arkansas.gov
(501) 396-6095

Vendor Signature

3-16-2026
Date

Master's Transportation
Company

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

ADDENDUM 3

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: March 10, 2026
SUBJECT: 710-26-048 Cutaway Buses

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

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

CHANGE IN SPECIFICATIONS

- 710-26-048 Revised Solicitation – remove and replace with 710-26-048 Revision 2 Solicitation (Clean Copy and Redlined Copy)

OTHER

- Attachment E – add Attachment E 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: Jordan Philson
DHS.OP.Solicitations@dhs.arkansas.gov
(501) 396-6095

Vendor Signature

3-16-2026
Date

Master's Transportation
Company

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

ADDENDUM 4

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: March 11, 2026
SUBJECT: 710-26-048 Cutaway Buses

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
__X__ Other

OTHER

- 710-26-048 Official Bid Price Sheet – remove 710-26-048 Official Bid Price Sheet and replace with 710-26-048 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: Jordan Philson
(501) 396-6095
DHS.OP.Solicitations@dhs.arkansas.gov

Vendor Signature

03-16-2026
Date

Master's Transportation
Company

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: ☐ Yes ☑ No

SUBCONTRACTOR NAME:

TAXPAYER ID NAME: [redacted]

IS THIS FOR: Goods? ☑ Services? ☐ Both? ☐

YOUR LAST NAME: Scherer FIRST NAME Phillip M.I.: M

ADDRESS: 14655 Prospect Ave

CITY: Kansas City STATE: MO ZIP CODE: 64146 COUNTRY: US

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							
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								
State Employee								

☑ **None of the above applies**

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 _____ Title Directoro of Public Sector Sales Date 3-16-2026

Vendor Contact Person Phillip Scherer Title _____ Phone No. (816) 979-3788

Agency use only

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

STATE OF ARKANSAS

SECRETARY OF STATE

Cole Jester
ARKANSAS SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

I, Cole Jester, Arkansas Secretary of State of Arkansas, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of

Change of Registered Agent or Office

of

MASTER'S TRANSPORTATION OF ARKANSAS, INC.

filed in this office
December 01, 2025

In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 1st day of December 2025.

Cole Jester
Secretary of State

Online Certificate Authorization Code: 919724693056725bad3
To verify the Authorization Code, visit sos.arkansas.gov

SEAL OF THE SECRETARY OF STATE
ARKANSAS

SARAH HUCKABEE SANDERS
Governor

DARYL E. BASSETT
Secretary of Labor
and Licensing

State of Arkansas

Arkansas Dept of Labor and Licensing
Arkansas Motor Vehicle Commission
900 W Capitol Ave, Suite 400
Little Rock, AR 72201
PH (501)-682-1428
https://www.labor.arkansas.gov/licensing/motor-vehicle-commission

164 GRADING LANE
CAVE SPRINGS, ARKANSAS 72718

LICENSE #:
F2567

THIS CERTIFIES THAT

Master's Transportation of Arkansas, Inc.

IS LICENSED AS A

NEW FRANCHISE DEALER - RV/COMMERCIAL TRUCKS

In Witness whereof, Arkansas Motor Vehicle Commission, under and by virtue of the authority vested in it by the laws of the State of Arkansas has caused this license to be issued.

Given under our hand and seal this **1st** day of **Jan, 2026.**

This license expires: **12/31/2026.**

SECRETARY OF LABOR AND LICENSING

Missouri
DEPARTMENT OF REVENUE

Dealer Licensing Section • P.O. Box 43 • Jefferson City, MO 65105-0043 • (573) 526-3669

Master's Transportation Inc.
14655 PROSPECT AVE
KANSAS CITY, MO, 64146

License Number:

D694

Issue Date: January 1, 2026
Expiration Date: December 31, 2027

NEW MOTOR VEHICLE FRANCHISE DEALER LICENSE

To Whom It May Concern:
The State of Missouri resolves that the dealer, manufacturer, wholesaler, or auction shown below is licensed within the applicable requirements of Sections 301.550 through 301.573, RSMo.

Business:
Master's Transportation Inc.
14655 PROSPECT AVE
KANSAS CITY, MO, 64146

Owner(s) / Corporate Officer(s):
JOHN GOODBRAKE

Type Of Operation:
FRANCHISE

Trish Vincent
Director of Revenue

License shall be prominently displayed in the office at the business address shown above.

14655 Prospect Ave., Kansas City, MO 64146 | 800.783.3613

Section 1-2 – EEO Statement from employee handbook

Master's Transportation is an Equal Opportunity Employer that does not discriminate on the basis of actual or perceived race, color, creed, religion, national origin, ancestry, citizenship status, age, sex or gender (including pregnancy, childbirth, pregnancy-related conditions, and lactation), gender identity or expression (including transgender status), sexual orientation, marital status, military service and veteran status, physical or mental disability, genetic information, or any other characteristic protected by applicable federal, state, or local laws and ordinances. Master's Transportation's management team is dedicated to this policy with respect to recruitment, hiring, placement, promotion, transfer, training, compensation, benefits, employee activities, access to facilities and programs, and general treatment during employment.

Any employees with questions or concerns about equal employment opportunities in the workplace are encouraged to bring these issues to the attention of Human Resources and/or the Employee's Supervisor. Master's Transportation will not allow any form of retaliation against employees who raise issues of equal employment opportunity. If employees feel they have been subjected to any such retaliation, they should contact Human Resources and/or the Employee's Supervisor. To ensure the workplace is free of artificial barriers, violation of this policy including any improper retaliatory conduct will lead to discipline, up to and including discharge. All employees must cooperate with all investigations conducted pursuant to this policy.