BID RESPONSE PACKET

710-26-048

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Central States Bus Sales, Inc.				
Address:	420 Lake Lane				
City:	North Little Rock	State: AR		Zip Code:	72117
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:	Mark Harris	Title:	General Manager
Phone:	501-517-4910	Alternate Phone:	501-955-2577
Email:	mharris@centralstatesbus.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: Mark Harris **Title:** General Manager

Printed/Typed Name: Mark Harris **Date:** 3/4/26

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:	Central States Bus Sales, Inc	**Date:**	3/4/26
Signature:	Mark Harris	**Title:**	GM
Printed Name:	Mark Harris		

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.**

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: Central States Bus Sales [redacted] IS THIS FOR: Goods? ☐ Services? ☑ Both? ☐

YOUR LAST NAME: Harris FIRST NAME Mark M.I.:

ADDRESS: 420 Lake Lane

CITY: North Little Rock STATE: AR ZIP CODE: 72117 COUNTRY: USA

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 Mark Harris Title General Manager Date 3/13/26

Vendor Contact Person Mark Harris Title General Manager Phone No. 501-517-4910

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
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.

Mark Harris
Vendor Signature

3/13/26
Date

Central States Bus Sales
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

Mark Harris
Vendor Signature

3/13/26
Date

Central States Bus Sales
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

Mark Harris
Vendor Signature

3/13/26
Date

Central States Bus Sales
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

Mark Harris
Vendor Signature

3/13/26
Date

Central States Bus Sales
Company

Central States Bus Sales, Inc.
"The Bus Experts"
1200 Sugar Creek Square, Fenton MO 63026
636-343-6050 • FAX:866-300-8893 • 800-825-8273
www.centralstatesbus.com

CENTRAL STATES BUS SALES
EQUAL EMPLOYMENT OPPORTUNITY POLICY

The Company provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, or any other protected class. The Company does not discriminate based on race, color, religion, sex, national origin, age, disability or any other protected class. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training. Our policy is to employ, advance, and reasonably accommodate all qualified employees and applicants.

The Company is committed to complying fully with the Americans with Disabilities Act (ADA) and applicable state law to ensure equal opportunity in employment for qualified persons with disabilities. All employment practices and activities are conducted on a nondiscriminatory basis.

Hiring procedures are designed to provide persons with disabilities equal opportunity and all pre-employment inquiries are made only regarding an applicant's ability to perform the duties of the position.

It is the responsibility of the employee to alert his/her supervisor of the existence of a disability and the need for an accommodation. The request should be made in writing. The Company reserves the right to place an employee on leave pending an investigation of a request for accommodation if continued employment of the disabled individual in the position, without accommodation would result in a direct threat of harm to the individual or others. Reasonable accommodations for qualified individuals with known disabilities will be made unless doing so will create an undue hardship on the Company. Reasonable accommodation may include changes to examinations, training materials, policies, work schedules or modifying real or personal property to accommodate disabled access to work areas.

If no reasonable accommodation can be made, the employee will not be considered for employment in such position. The Company is not required to lower quality standards to make an accommodation, nor is the Company obligated to purchase personal use items. When a disability is not obvious, the Company will request documentation from a health care provider that the individual has a disability qualifying under ADA and that there is need for reasonable accommodation. All employment decisions are based on the merits of the situation in accordance with defined criteria and not on the disability of the individual.

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*

Organizational or Personal Conflict of Interest

(a) Definitions.

(1)(A) "Conflict of Interest" means that:

(i) Because of other activities or relationships with other persons, the Contractor is unable or potentially unable to render impartial assistance or advice to the State;

(ii) The Contractor's objectivity in performing the contract work is or might be otherwise viewed as compromised;

(iii) The Contractor has or is perceived as having impaired objectivity; or

(iv) The Contractor has an unfair competitive advantage.

(1)(B) A conflict of interest may result when:

(i) Activities or relationships create an actual, apparent, or potential conflict of interest related to the performance of the contract; or

(ii) The nature of the contract creates an actual, apparent, or potential conflict of interest with respect to the Contractor in relation to future contracts with the State.

(2) "Contractor" includes the Contractor and its employees, affiliates, consultants, and subcontractors.

(3) "Impaired objectivity" includes without limitation the following situations that would cause a reasonable person with knowledge of the relevant facts to question a person's objectivity:

(A) Financial interests or reasonably foreseeable financial interests in or in connection with products, property, or services that may be currently utilized or utilized in the future by a person, organization, or institution in the course of implementing any program administered by the Department of Human Services ("the Department");

(B) Connections or access to program details, information, or methodologies that might require or encourage the use of specific products, property or services; or

(C) Significant identification with philosophical viewpoints or other non-public information that might require or encourage the use of specific products, property or services.

(b)(1) The contractor shall certify that, to the best of their knowledge and belief, there are no relevant facts or circumstances which could give rise to an organizational or personal conflict of interest, be it actual, apparent, or potential, for the organization or any of its staff, AND that the contractor has disclosed all relevant information if an actual, apparent, or potential conflict of interest appears to exist to a reasonable person with knowledge of the relevant facts or if such a person would question the impartiality of the

contractor. Actual, apparent, or potential conflicts of interest may arise in the following situations:

(A) Unequal access to information – a potential contractor has access to non-public information, including without limitation, data, plans, policies, and other knowledge, through its performance on a government contract;

(B) Biased ground rules – a potential contractor has worked, in one government contract or program, on the basic structure or ground rules of another government contract or future government contract. For example, the Contractor shall not use information gained from this contract to counsel current or future beneficiaries on the provision of services provided now or in the future by the Department; or

(C) Impaired objectivity.

(b)(2) Offerors shall disclose as described above regarding any actual, apparent, or potential conflict of interest regardless of their own opinion that such an actual, apparent, or potential conflict of interest would not result in impaired objectivity.

(b)(3) If an actual, apparent, or potential conflict of interest is disclosed, the Department will take appropriate actions to eliminate or address the actual, apparent, or potential conflict, including without limitation mitigating or neutralizing the conflict or requiring the offeror to provide a satisfactory mitigation plan to the Department identifying specific methods which will be imposed by the offeror to eliminate, to the extent possible, the conflict of interest. The Department may restrict or modify the work to be performed by the contractor to avoid or reduce the actual, apparent, or potential conflict of interest.

(b)(4) If a contractor anticipates working on more than one contract with the Department currently or in the future that is related in any way to this contract, the mitigation plan developed by the contractor shall provide, at a minimum, assurances that no staff, communication, or data will be shared within the organization regarding this contract and any future contract that relates to the scope of services provided under this contract. Information gained by the contractor from this contract shall not be used to benefit the contractor in gaining competitive advantage in future contracts with the State.

(c) The contractor agrees that if impaired objectivity, or an actual, apparent, or potential conflict of interest is discovered after the award is made, it will make a full disclosure in writing to the Contracting Officer. This disclosure shall include a mitigation plan, which shall include a description of actions that the contractor has taken or proposes to take, after consultation with the Contracting Officer, to avoid, mitigate, or neutralize the actual, apparent, or potential conflict of interest.

(d)(1) Remedies - The State may terminate this contract for convenience, in whole or in part, if it determines that termination is necessary to avoid an actual, apparent, or potential conflict of interest or if the contractor fails to provide a mitigation plan for an actual, apparent, or potential conflict of interest that is satisfactory to the Department. The contractor may also be required to reimburse the Department for costs the Department incurs arising from activities related to conflicts of interest.

(d)(2) If the contractor was aware of an actual, apparent, or potential conflict of interest prior to award or discovered an actual, apparent, or potential conflict of interest after award and misrepresented or did not disclose relevant information to the Contracting Officer, the State may terminate the contract for default, debar or suspend the contractor, or pursue such other remedies as may be permitted by law or this contract.

(d)(3) If the Department has accepted a mitigation plan from the contractor to minimize any actual, apparent, or potential conflict of interest and there is a violation of the mitigation plan, the contractor shall be liable to the Department as outlined in the Performance Based Contracting standards presented in Attachment C.

(e) In cases where remedies short of termination have been applied, the contractor agrees to eliminate the conflict of interest, or mitigate it to the satisfaction of the Contracting Officer. This may include creating or revising a mitigation plan.

(f) The contractor further agrees to insert in any subcontract or consultant agreement hereunder, provisions which shall conform substantially to the language of this clause, including specific mention of potential remedies and this paragraph (f).

State of Arkansas Department of Human Services
710-26-048 Cutaway Buses
Attachment E
Written Questions

Instructions

This Response Template must be used for submission of written questions. All questions should provide the requested information. Those that do not, may not be answered by DHS. The Vendor may add as many lines as needed. DHS would strongly prefer the Vendor to ask multi-part questions as individual questions on seperate lines.

Instructions: Complete all cells of each question asked in the Table below. Clearly identify the referenced section or text.

Question ID	Reference (page number, section number, paragraph)	Specific Language	Question	Answers
Example	*Page 7, section 1.15, C*	J. Vendors may submit multiple bid	*May vendors submit more thon one bid?*	*yes See section 1.15, J*
1			**On the 20' – 13 passenger bus** – will you accept a 21' and 11" bus?	*Yes. The 21' and 11' buses will be considred acceptable as long as the operation of the vehicles does not require a Commercials Driver's License (CDL).*
2			**On the 25'** – do you really want a raised floor? On the 20' it was not asked for	*DHS will consider either option. DHS prefers the manufacturers standard specifications and recommendations.*
3			**On both buses (25' cutaway and 20' van)** – you ask for the seat belt extensions – are you wanting retractable seat belts or non-retractable?	*DHS will consider either option. DHS prefers the manufacturers standard specifications and recommendations.*
4			**On the 20' cutaway no seat belts were listed** – do you want seat belts on it? If so, retractable or nonretractable?	*Yes, seatbelts are required. DHS prefers retractable but DHS will consider either option.*
5			One more question: The Van spec is a 12+2 paratransit bus not a van. The 13-passenger bus does not ask for sneeze guards, but the 25' bus and lift bus does require them. Do you want sneeze guards to 20' (13) passenger bus.	*No, sneeze guards are not required for the 20' (13) passenger bus.*
6			Is there a preferred destination sign brand that the department would like vendors to use?	*No. DHS does not want a destination sign.*
7			In the small cutaway bus (20') without a wheelchair lift specification, it is noted that sneeze guards are not required. **Can you please confirm whether personal protective equipment is still required for the following vehicle types?** • Medium cutaway bus (25') without wheelchair lift • Medium roof conversion van (20') with wheelchair lift	*No, sneeze guards are not required for the Medium cutaway bus (25') without wheelchair lift and Medium roof conversion van (20') with wheel chair lift.*
8			**For the small cutaway bus (20') without wheelchair lift specs:** Does DHS really want front and side LED destination signs?	*No. DHS does not want front and side LED destination signs.*
9			**For the medium duty bus (25') without wheelchair lift specs:** Does DHS really want front and side LED destination signs?	*No. DHS does not want front and side LED destination signs.*
10			**For the medium duty bus (25') without wheelchair lift specs:** Does DHS really want the AC inverter?	*No, AC inverter is not required.*