



State of Arkansas
Arkansas Department of Health
4815 West Markham Street
Little Rock, AR 72205

DH-21-0011
APPLICATION PACKET
Notice of Funds Availability

**Applications Must be Submitted Electronically No Later Than Thursday,
January 21, 2021 by 2:00PM Central Time To The Issuing Officers Email
Shown Below**

Kristina.Pilgreen@arkansas.gov

APPLICATION SIGNATURE PAGE

Type or Print the following information.

APPLICANT'S INFORMATION				
Company:				
Fiscal Year:				
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"/> Intergovernmental
	<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"/> Asian American	<input type="checkbox"/> Service Disabled Veteran
	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Women-Owned
AR Certification #:	_____		* See <i>Minority and Women-Owned Business Policy</i>	
APPLICANT CONTACT INFORMATION				
<i>Provide contact information to be used for bid solicitation related matters.</i>				
Contact Person:				Title:
Phone:				Alternate Phone:
Email:				
Alternate Email:				
ILLEGAL IMMIGRANT CONFIRMATION				
By signing and submitting a response to this <i>solicitation</i> , the applicant agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the recipient certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.				
ISRAEL BOYCOTT RESTRICTION CONFIRMATION				
By signing and submitting a response to this Bid Solicitation, a prospective contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.				
Geographical Coverage Area: Indicate geographical coverage area as either statewide or by individual counties, alphabetically.				

An official authorized to bind the prospective recipient to a resultant contract shall sign below.

By signing and submitting a response to this Request for Application (RFA), the applicant agrees to comply with all requirements, and that any exception that conflicts with a requirement of this RFA will cause the application to be disqualified.

Authorized Signature _____ **Title** _____

Printed/Typed Name _____ **Date** _____

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.

MINIMUM QUALIFICATIONS

The mission of the Arkansas Department of Health (ADH) is to protect and improve the health and well-being of all Arkansans. The Office of Healthy Active Arkansas (HAA) furthers that mission with one overarching goal to increase the percentage of adults, adolescents and children who are at a healthy weight. Our shared vision is to create a culture that encourages healthy eating and physical activity by working with individuals, families, communities, worksites, organizations, and governments across the state.

Funded projects should demonstrate the ability to promote one or more of the following:

- Create social and physical environments that promote good health for all.
- Increase the percentage of Arkansans of all ages who engage in regular physical activity.
- Support the development of communities that promote life-long physical activity, healthy nutrition, and tobacco free environments.

Additionally, projects must incorporate one or more of the following:

- Establish or improve outdoor health and fitness walking paths or trails that are safe and accessible to all individuals
- Establish or improve playgrounds or play areas that are safe and accessible
- Add fitness stations and/or signage to an outdoor trail, walking path, park or play area. Signage **must** use the Healthy Active Arkansas Great Strides Grant signage template found at the following link: <https://bit.ly/2LIsAHP>