

BID RESPONSE PACKET
SP-24-0002

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"/> Public Service Corp
	<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"/> Service Disabled Veteran
	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Women-Owned
	<input type="checkbox"/> Asian American	<input type="checkbox"/> Pacific Islander American	
	AR Certification #: _____		* See <i>Minority and Women-Owned Business Policy in Solicitation Terms and Conditions</i>

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for solicitation-related matters.</i>			
Contact Person:		Title:	
Phone:		Alternate Phone:	
Email:			

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.
<i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, 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 Solicitation Terms and Conditions for additional information.</i>

ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Solicitation</i> , Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants and shall not employ or contract with illegal immigrants during the term of a contract awarded as a result of this solicitation.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, Prospective Contractor agrees and certifies that they do not boycott Israel and shall not boycott Israel during the term of a contract awarded as a result of this solicitation.
<input type="checkbox"/> Prospective Contractor does not and shall not boycott Israel.

An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Solicitation* may cause the Prospective Contractor's proposal to be rejected.

Authorized Signature: _____ **Title:** _____

Printed/Typed Name: _____ **Date:** _____

SUBMISSION REQUIREMENTS CHECKLIST

The following items **must** be submitted with the Prospective Contractor's bid response:

- Bid Signature Page*
- Proposed Subcontractors Form*
- Exceptions Form*, if applicable
- Official Solicitation Price Sheet*

The following items, which **must** be submitted prior to a contract award to the Prospective Contractor, may also be included with the Prospective Contractor's bid response:

- EO 98-04: *Contract and Grant Disclosure Form*
- Copy of Prospective Contractor's *Equal Opportunity Policy*
- Voluntary Product Accessibility Template (VPAT)*, if applicable (<https://www.itic.org/policy/accessibility/vpat>)
(Use the VPAT 2.3Rev 508 version)

The following should be included in the Prospective Contractor's bid response:

- Signed addenda, if applicable

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.

DH-24-0002

OFFICIAL SOLICITATION PRICE SHEET

The vendor will be required to provide a cost of processing for each double-sided paper form. The processing includes all items mentioned in the IFB including the development of a secure online portal for receiving image files and managing the data with reporting, form data entry, and warehousing/Transferring the data and associated images. The ADH reserves the right to increase or decrease the quantity depending on the number of immunizations administered in Offsite clinics.

Estimated Quantity	U/M	Description	Cost per U/M	Extended Total Cost
175,000	Form	Processing costs per form	\$ _____	\$ _____

NOTE:

1. Any cost not identified on this schedule but subsequently incurred will be the responsibility of the vendor.

EXCEPTIONS FORM

Prospective Contractor **shall** document all exceptions related to requirements in the Solicitation and terms in the “Standard Commodities Contract or Services Contract (SRV-1) Fillable Form” and “Solicitation Terms and Conditions” located on the TSS OSP website. See Section 2.4 and 2.5 of the Solicitation.

ITEM #	REFERENCE (SECTION, PAGE, PARAGRAPH)	DESCRIPTION	PROPOSED LANGUAGE
1.			
2.			
3.			