# BID RESPONSE PACKET 710-18-1021

## **BID SIGNATURE PAGE**

Type or Print the following information.

Type of Time are to	PR	OSPECTIVE CONTR	ACTOR'S INF	ORMAT	TION		
Company:							
Address:							
City:				State:		Zip Code:	
Business Designation:	☐ Individual ☐ Partnership	□ Sole I □ Corpo	Proprietorship pration	•		Public Service Nonprofit	Corp
Minority and Women-Owned	☐ Not Applicable ☐ African American	<ul><li>☐ American Indian</li><li>☐ Hispanic American</li></ul>	□ Asian <i>A</i> □ Pacific		American	☐ Service D☐ Women-O	isabled Veteran wned
Designation*:	AR Certification #:		* See Mir	ority and	Women-O	wned Business	Policy
	DD OSI	PECTIVE CONTRACT	OB CONTAC	T INFOE	MATION		
		entact information to be u				rs.	
Contact Person:			Title:				
Phone:			Alternate Ph	one:			
Email:							
		CONFIRMATION (	OF REDACTE	D COPY			
☐ NO, a redacte documents wi	d copy of submission	on documents is enclosed to documents is not enclosed ested.  Session documents is not enclosed is not enclosed.	closed. I unde				
pricing), wi		of the non-redacted do nonse to any request n al information.					
		ILLEGAL IMMIGRA	ANT CONFIRI	MATION			
not employ or co	ntract with illegal imn	to this <i>Bid Solicitation</i> nigrants. If selected, the the aggregate term of	ne Prospective				
	ISR	AEL BOYCOTT RES	TRICTION CC	NFIRM	ATION		
		ctive Contractor agree		that they	y do not bo	oycott Israel, a	and if selected,
☐ Prospective Contractor does not and will not boycott Israel.							
An official autho	orized to bind the P	rospective Contracto	or to a resulta	nt contr	act must	sign below.	
		ent that any exception bid to be disqualifie		with a Ro	equiremen	t of this <i>Bid</i> S	olicitation <b>will</b>
Authorized Sigr	nature: Use Ink Only.			_ Title:			
Printed/Typed N	-			_ Date:			

#### **SECTION 1 - 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.

•	Eventions to	Requirements	chall cause	the vendor's	proposal to	ha disavalifiad	

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	Date:	
Signature:	Title:	
Printed Name:		

## **SECTION 2 - 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.

	number to which the exception applies.
•	Exceptions to Requirements shall cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	Date:	
Signature:	Title:	
Printed Name:		

#### **SECTION 3 - VENDOR AGREEMENT AND COMPLIANCE**

Exceptions to Requirements shall cause the vendor's proposal to be disqualified.

signature below, vendor agrees to and <b>shall</b> icitation.	fully comply with all R	equirements as shown i	n this section of the bid
		1_	
endor Name:		Date:	
ignature:		Title:	
rinted Name:			

#### **SECTION 4 - VENDOR AGREEMENT AND COMPLIANCE**

Exceptions to Requirements shall cause the vendor's proposal to be disqualified.

endor Name:	Date:
gnature:	Title:
nted 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.

Subcontractor's Company	Name	Street Addre	ss	City, State, ZIP
☐ Prospective	CONTRAC	гок does <b>NOT</b> ғ	PROPOSE TO USE	SUBCONTRACTORS TO
PERFORM SERVIC	ES.			
By signature below, vendor ag ne bid solicitation.	rees to and <b>sh</b>	nall fully comply with a	ıll Requirements relat	ed to subcontractors as showr
Vendor Name:			Date:	
			<del></del>	
Signature:			Title:	

#### **OFFICIAL BID PRICE SHEET**

	ESTIMATED MONTHLY		EXTENDED
DESCRIPTION	HOURS	HOURLY RATE*	AMOUNT
Physician Services	80	\$	\$

<sup>\*</sup>Price must be all-inclusive for on campus, on-call, and emergency. The Agency will not pay a different rate for these services.

#### **AUTHORIZATION SIGNATURE**

By my signature below, I certify that the aforementioned statements are true and correct and that I accept the Terms and Conditions as presented in this bid, and that I am authorized by the respondent to submit this bid on his/her behalf.

Vendor Name:	Date:
Signature:	Title:
Printed Name:	