## STATE OF ARKANSAS OFFICE OF PROCUREMENT

1509 West 7th Street, Room 300 Little Rock, Arkansas 72201-4222

# Non-Emergency Medical Transportation Services (NET)

DRAFT BID RESPONSE PACKET
710-18-1025

#### **BID SIGNATURE PAGE**

Type or Print the following information. PROSPECTIVE CONTRACTOR'S INFORMATION Company: Address: City: State: Zip Code: **Business** □ Individual ☐ Sole Proprietorship ☐ Public Service Corp Designation: ☐ Partnership □ Corporation ☐ Nonprofit ☐ American Indian ☐ Service Disabled Veteran ☐ Not Applicable ☐ Asian American Minority and ☐ African American Women-Owned ☐ Hispanic American ☐ Pacific Islander American ☐ Women-Owned Designation\*: AR Certification #: \_\_ \* See Minority and Women-Owned Business Policy PROSPECTIVE CONTRACTOR CONTACT INFORMATION Provide contact information to be used for bid solicitation related matters. Contact Person: Title: Phone: Alternate Phone: Email: **CONFIRMATION OF REDACTED COPY** ☐ YES, a redacted copy of submission documents is enclosed. □ NO, a redacted copy of submission documents is not enclosed. I understand a full copy of non-redacted submission documents will be released if requested. 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 Bid Solicitation for additional information. **ILLEGAL IMMIGRANT CONFIRMATION** By signing and submitting a response to this Bid Solicitation, a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract. ISRAEL BOYCOTT RESTRICTION CONFIRMATION By checking the box below, 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. ☐ Prospective Contractor does not and will not boycott Israel. An official authorized to bind the Prospective Contractor to a resultant contract must sign below. The signature below signifies agreement that any exception that conflicts with a Requirement of this Bid Solicitation will cause the Prospective Contractor's bid to be disqualified: **Authorized Signature:** Use Ink Only. Printed/Typed Name: 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.

•	Exceptions to Requirements <b>shall</b> 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 2 - VENDOR AGREEMENT AND COMPLIANCE**

	Figure (a. Danisha manufa a ha Harayan (ba yan danisha manuna al (a. ba yili ang lifti al
	number to which the exception applies.
	page. Vendor must clearly explain the requested exception, and should label the request to reference the specific solicitation item
•	Any requested exceptions to items in this section which are NON-mandatory must be declared below or as an attachment to this

Exceptions to Require	rements <b>shall</b> cause the vendor's proposal to be disqualified.		
By signature below, ve solicitation.	ndor agrees to and <b>shall</b> fully comply with all Requirem	ents as sh	nown in this section of the bid
Vendor Name:		Date:	
Signature:		Title:	
Printed Name:			

## **SECTION 3 & 4 - VENDOR AGREEMENT AND COMPLIANCE**

<u> </u>				
Exceptions to Requi	rements <b>shall</b> cause the vendor	r's proposal to be disqualified.		
		· ·		
signature below, ve	endor agrees to and <b>shall</b> full	ly comply with all Requireme	ents as shown in this section	on of the bid
licitation.				
Vendor Name:			Date:	
Signature:			Title:	
Printed Name:			1	
		<b>&gt;</b>		

## 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 Address	City, State, ZIP
	ACTOR DOES <b>NOT</b> PROPOSE T	O USE SUBCONTRACTORS TO
☐ PROSPECTIVE CONTRAPPERFORM SERVICES.	ACTOR DOES NOT PROPOSE T	O USE SUBCONTRACTORS TO
	ACTOR DOES NOT PROPOSE T	O USE SUBCONTRACTORS TO
PERFORM SERVICES.  signature below, vendor agrees to and	ACTOR DOES NOT PROPOSE T	
PERFORM SERVICES.		
PERFORM SERVICES.  signature below, vendor agrees to and	d <b>shall</b> fully comply with all Requireme	
PERFORM SERVICES.  It signature below, vendor agrees to and be bid solicitation.	d <b>shall</b> fully comply with all Requireme	nts related to subcontractors as sho

#### OFFICIAL PROPOSAL PRICE SHEET - REGION A

Submit one (1) original Official Proposal Price Sheet (marked COST PROPOSAL) for each region that your company is bidding on.

PRICE PROPOSAL MUST BE SUBMITTED IN A SEPARATE SEALED ENVELOPE. ANY REFERENCE TO COST(S) INCLUDED WITH THE TECHNICAL/BUSINESS RESPONSE WILL RESULT IN OFFEROR'S RESPONSE BEING REJECTED.

Printed Name:	
Signature:	Title:
Vendor Name:	Date:
AUTHORIZATION SIGNATURE By my signature below, I certify that the aforementioned statem Conditions as presented in this bid, and that I am authorized b	
Rate must be a specific dollar amount with two digits following actuarial sound boundaries. If requested by DMS, brokers will	, , ,
beneficiary Population \$ per men	ider per monun (FiviFivi)
Beneficiary Population \$ per mem	nber per month (PMPM)

#### OFFICIAL PROPOSAL PRICE SHEET - REGION B

Submit one (1) original Official Proposal Price Sheet (marked COST PROPOSAL) for each region that your company is bidding on.

PRICE PROPOSAL MUST BE SUBMITTED IN A SEPARATE SEALED ENVELOPE. ANY REFERENCE TO COST(S) INCLUDED WITH THE TECHNICAL/BUSINESS RESPONSE WILL RESULT IN OFFEROR'S RESPONSE BEING REJECTED

Vendor Name: Signature:	Date: Title:
	Date:
	tatements are true and correct and that I accept the Terms and zed by the respondent to submit this bid on his/her behalf.
Rate must be a specific dollar amount with two digits folloactuarial sound boundaries. If requested by DMS, brokers	owing the decimal point (e.g. \$1.00). Bid rates must fall within s will provide details as to how their cost was calculated.
Beneficiary Population \$ per	member per month (PMPM)

#### OFFICIAL PROPOSAL PRICE SHEET - REGION C

Submit one (1) original Official Proposal Price Sheet (marked COST PROPOSAL) for each region that your company is bidding on.

COST(S) INCLUDED WITH THE TECHNICAL/BUSINESS RESPONSE RESPONSE BEING REJECTED.	WILL RESULT IN OFFEROR'S
NEOF ONCE BEING NEGEOTED.	
Beneficiary Population \$ per member per month	(PMPM)
Rate must be a specific dollar amount with two digits following the decimal po- actuarial sound boundaries. If requested by DMS, brokers will provide details	,
AUTHORIZATION SIGNATURE	
By my signature below, I certify that the aforementioned statements are true ar Conditions as presented in this bid, and that I am authorized by the responde	
Vendor Name:	Date:
Signature:	Title:
Printed Name:	

#### OFFICIAL PROPOSAL PRICE SHEET - REGION D

Submit one (1) original Official Proposal Price Sheet (marked COST PROPOSAL) for each region that your company is bidding on.

Signature:		
	Title:	
Vendor Name:	Date:	
AUTHORIZATION SIGNATURE By my signature below, I certify that the aforementioned statemen Conditions as presented in this bid, and that I am authorized by t		
Rate must be a specific dollar amount with two digits following th actuarial sound boundaries. If requested by DMS, brokers will pro	, , ,	
Beneficiary Population \$ per member	r per month (PMPM)	

#### OFFICIAL PROPOSAL PRICE SHEET - REGION E

Submit one (1) original Official Proposal Price Sheet (marked COST PROPOSAL) for each region that your company is bidding on.

PRICE PROPOSAL MUST BE SUBMITTED IN A SEPARATE SEALED ENVELOPE. ANY REFERENCE TO COST(S) INCLUDED WITH THE TECHNICAL/BUSINESS RESPONSE WILL RESULT IN OFFEROR'S RESPONSE BEING REJECTED.

Printed Name:	
Signature:	Title:
Vendor Name:	Date:
Conditions as presented in this bid, and that I am authorized	d by the respondent to submit this bid on his/her behalf.
AUTHORIZATION SIGNATURE  By my signature below. I certify that the aforementioned state	ements are true and correct and that I accept the Terms and
Rate must be a specific dollar amount with two digits follow actuarial sound boundaries. If requested by DMS, brokers w	
Beneficiary Population \$ per m	ember per month (PMPM)
RESPONSE BEING REJECTED.	
COST(S) INCLUDED WITH THE TECHNICAL/BUSII	ALGG REGEONGE WILL REGULT IN OTTEROR G

#### OFFICIAL PROPOSAL PRICE SHEET - REGION F

Submit one (1) original Official Proposal Price Sheet (marked COST PROPOSAL) for each region that your company is bidding on.

COST(S) INCLUDED WITH THE TECHNICAL/BUSINESS RESPONSE RESPONSE BEING REJECTED.	E WILL RESULT IN OFFEROR'S	
Beneficiary Population \$ per member per month	(PMPM)	
Rate must be a specific dollar amount with two digits following the decimal postuarial sound boundaries. If requested by DMS, brokers will provide details a		
AUTHORIZATION SIGNATURE  By my signature below, I certify that the aforementioned statements are true ar Conditions as presented in this bid, and that I am authorized by the respondent		
Vendor Name:	Date:	
Signature:	Title:	
Printed Name:		

#### OFFICIAL PROPOSAL PRICE SHEET - REGION G

Submit one (1) original Official Proposal Price Sheet (marked COST PROPOSAL) for each region that your company is bidding on.

Signature:	Title:	
Vendor Name:	Date:	
AUTHORIZATION SIGNATURE By my signature below, I certify that the aforementioned statemer Conditions as presented in this bid, and that I am authorized by t		
Rate must be a specific dollar amount with two digits following the actuarial sound boundaries. If requested by DMS, brokers will pro-	, , ,	
Beneficiary Population \$ per member	er per month (PMPM)	