# BID RESPONSE PACKET 710-19-1038

## **BID SIGNATURE PAGE**

Type or Print the following information.

Type of Time the R	PR	ROSPECTIVE CONTR	ACTOR'S INF	ORMAT	ION		
Company:		COOLEGIIVE CONTIN	AOTOR O IIII	ORMA	1011		
Address:							
				Ctata		Zin Codo	
City:				State:		Zip Code:	
Business Designation:	☐ Individual☐ Partnership				e Corp		
Minority and Women-Owned	☐ Not Applicable ☐ African American	☐ American Indian☐ Hispanic American	□ Asian A □ Pacific		American	☐ Service D☐ Women-O	isabled Veteran wned
Designation*:	AR Certification #:		* See Mir	ority and	Women-Ov	wned Business	Policy
		PECTIVE CONTRACT ontact information to be u				rs.	
Contact Person:			Title:				
Phone:			Alternate Ph	one:			
Email:							
		CONFIRMATION (	F REDACTE	D COPY			
☐ NO, a redacte documents win Note: If a redacte neither box pricing), when I is the control of	d copy of submission Il be released if requied ed copy of the submis is checked, a copy	ssion documents is no of the non-redacted do onse to any request n	closed. I unde t provided with ocuments, with	n Prospe o the exc	ctive Cont eption of fi	ractor's respo inancial data (	nse packet, and other than
ILLEGAL IMMIGRANT CONFIRMATION							
By signing and submitting a response to this <i>Bid Solicitation</i> , 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 autho	orized to bind the P	rospective Contracto	or to a resulta	nt contr	act must	sign below.	
The signature below signifies agreement that any exception that conflicts with a Requirement of this <i>Bid Solicitation</i> will cause the Prospective Contractor's bid to be disqualified:							
Authorized Sign	nature:Use Ink Only.			_ Title:			
Printed/Typed N	lame:			_ 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 <b>must</b> 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 <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**

•	Any requested exceptions to items in this section which are NON-mandatory must be declared below or as an attachment to this
	page. Vendor <b>must</b> 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 <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 3 - VENDOR AGREEMENT AND COMPLIANCE**

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

dor Name:	Date:
nature:	Title:
ed Name:	

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

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

Vendor Name:	Date:	
Signature:	Title:	
Printed 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 Co	mpany Name	Street Address	City, State, ZIP
☐ Prospe	CTIVE CONTRAC	TOR DOES NOT PROPOSE TO	O USE SUBCONTRACTORS TO
PERFORM S			<b>7 002 002 00</b> 1111111111111111111111111111
	ndor agrees to and <b>sl</b>	nall fully comply with all Requiremen	nts related to subcontractors as shown
e bid solicitation.	endor agrees to and <b>s</b> l		ate:
y signature below, vene bid solicitation.  Vendor Name: Signature:	endor agrees to and <b>s</b> l	Da	

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

OCCUPATIONAL THERAPY SERVICES				
ITEM/DESCRIPTION	APPROXIMATE ANNUAL HOURS	PRICE PER HOUR	EXTENDED PRICE (Hourly Rate x's annual hours)	
	ANNOAL HOOKO		Rate x 3 annual nours <sub>1</sub>	
Occupational Therapist	4160	\$	\$	
Certified Occupational Therapy Asst.	2080	\$	\$	

#### **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:				

<sup>\*\*</sup>Price must be all inclusive for services. There will be no reimbursement for travel time, mileage, meals, lodging or other expenses. **Only the quoted hourly rate will be paid.**