BID RESPONSE PACKET 710-19-1044

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION							
Company:							
Address:							
City:				State:		Zip Code:	
Business Designation <i>:</i>	☐ Individual☐ Partnership	□ Sole Pro □ Corporate				Public Service Nonprofit	Corp
Minority and Women-Owned	□ African American □ Hispanic American □ Pacific Islander American □ Wo		□ Service Dis □ Women-Ov	sabled Veteran vned			
Designation*:	AR Certification #:		* See Mine	ority and	Women-Ow	ned Business I	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

 \Box YES, a redacted copy of submission documents is enclosed.

□ 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.

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:		Title:
	Use Ink Only.	
Printed/Typed Name:		Date:

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are <u>NON-mandatory</u> 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 **shall** cause the vendor's proposal to be disqualified.

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

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are <u>NON-mandatory</u> 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 **shall** cause the vendor's proposal to be disqualified.

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.

Vendor Name:	D	Date:	
Signature:	Ti	Title:	
Printed Name:			

SECTION 4 - VENDOR AGREEMENT AND COMPLIANCE

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

Vendor Name:	Da	ate:	
Signature:	Tit	tle:	
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 Company Name	Street Address	City, State, ZIP

Type or Print the following information

□ PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

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

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

OFFICIAL BID PRICE SHEET

NOTE: The vendor is bidding the actual performance of the drug screen. The cost of the kit must be included in the price bid for testing. Prices shall include all expenses (including all shipping and any/all related transportation cost involving the handling of specimens / samples between collection and lab site). There is no separate travel expense paid for collection activities all prices are to be fully-loaded which incorporates all costs associates with providing the required services.

Any/all alternative testing is paid by the employee and not CHDC.

Quantities listed are estimates only, and are not guaranteed. The State may order more or less than the estimated quantity

Item	Description	Annual Estimated Quantity	Unit Price	Extended Price	
1.	Testing Laboratory (includes all substances to be tested)	1500			
	Grand Total				

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:			