BID RESPONSE PACKET 710-21-0017

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 □ Corpora	prietorship tion			Public Service Nonprofit	Corp
Minority and Women-Owned	Not ApplicableAfrican American	 ☐ American Indian ☐ Hispanic American 	□ Asian American □ Service Disabled Ve □ Pacific Islander American □ Women-Owned				
Designation*:			ee 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 <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:	Date:	
Signature:	Title:	
Printed 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.

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.

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

ITEM	CPT CODE	DESCRIPTION	UNIT PRICE	*ESTIMATED QUANTITY (PER MONTH)	EXTENDED PRICE
1	81003	Urinalysis, Macroscop		50	
2	80053	Comprehensive Metabo		120	
3	85025	CBC/Platelet Count/D		150	
4	82550	СРК		50	
5	80178	Lithium		25	
6	80164	Valproic Acid Depak		120	
7	81001	Urinalysis, Complete		25	
8	86592	VDRL RPR		50	
9	86703	HIV-1/HIV-2 Antibody		50	
10	80074	Hepatitis Profile		50	
11	82150	Amylase		24	
12	83690	Lipase		24	
13	82140	Ammonia (blood)		12	
14	82977	GGT		36	
15	80061	Lipid Profile		48	
16	82607	Vitamin B12		24	
17	82747	Folate, ERYTHROCYTE		24	
18	80156	CARBAMAZEPINE		36	
19	84436	T4 (Thyroxine)		24	
20	84443	Thyroid Stimulating		24	
21	84439	Free T4		12	
22	82947	Glucose fasting		20	
23	80076	Hepatic Profile		24	
24	83036	Hemoglobin A1C (Glyc)		20	
25	83615	LDH		12	
26	87635	COVID-19 swab		20	
27	87804	Influenza swab		5	
28	87081	Rapid strep test		5	
				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:	