STATE OF ARKANSAS

Arkansas Department of Workforce Services
#2 Capitol Mall
Little Rock, Arkansas 72201

TECHNICAL PROPOSAL PACKET
ADWS-2017-1

<u>CAUTION TO VENDOR</u>

Vendor's failure to submit required items and/or information as specified in the *Bid Solicitation Document* **shall** result in disqualification.

STATE OF ARKANSAS
Arkansas Department of Workforce Services
#2 Capitol Mall
Little Rock, Arkansas 72201

<u>PROPOSAL SIGNATURE PAGE</u>

Type or Print the following information.

RESPONDENT'S INFORMATION		
Company:		
Address:		
City:	State:	Zip Code:
Business Designation*:*	☐ Individual ☐ Partnership	☐ Sole Proprietorship ☐ Corporation	☐ Public Service Corp ☐ Nonprofit
Minority Designation*:* *See Minority Business Policy*	☐ Not Applicable ☐ African American ☐ American Indian	☐ Hispanic American ☐ Asian American	☐ Pacific Islander American ☐ Service Disabled Veteran
	AR Minority Certification #: _____	Service Disabled Veteran Certification #: _____	

VENDOR 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 vendor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), **shall** be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.*

An official authorized to bind the vendor to a resultant contract <u>must</u> sign below.

The signature below signifies agreement that either of the following **shall cause the vendor's proposal to be disqualified:**

- Additional terms or conditions submitted in their proposal, whether submitted intentionally or inadvertently.
- Any exception that conflicts with a Requirement of this *Bid Solicitation*.

Authorized Signature: _____ **Title:** _____
            Use Ink Only.

Printed/Typed Name: _____ **Date:** _____

SECTION 2 – SCOPE OF WORK

- *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.*

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

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: _____   **Date:** _____

SECTION 4, 5 & 6 – VENDOR AGREEMENT & 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.*

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

Authorized Signature: _____

Use Ink Only.

Printed/Typed Name: _____   **Date:** _____