



STATE OF ARKANSAS
OFFICE OF PROCUREMENT
ARKANSAS DEPARTMENT OF HUMAN SERVICES
700 Main Street
Little Rock, Arkansas 72203

RESPONSE PACKET
710-19-1009
Therapeutic Counseling

CAUTION TO VENDOR

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

SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:				
Address:				
City:		State:		Zip Code:
Business Designation:	<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Public Service Corp	
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit	
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian American	<input type="checkbox"/> Service Disabled Veteran
	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Women-Owned
	AR Certification #: _____		* See <i>Minority and Women-Owned Business Policy</i>	

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:		Title:	
Phone:		Alternate Phone:	
Email:			

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> 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.
<i>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.</i>

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.
<input type="checkbox"/> 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 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 **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. **Use Ink Only**

Vendor Name:		Date:	
Authorized Signature:		Title:	
Print/Type 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 **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. **Use Ink Only**

Vendor Name:		Date:	
Authorized Signature:		Title:	
Print/Type Name:			

SECTION 3,4,5 - VENDOR AGREEMENT AND COMPLIANCE

- 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. **Use Ink Only**

Vendor Name:		Date:	
Authorized Signature:		Title:	
Print/Type Name:			

SPECIALTY SERVICES AND POPULATIONS

- Provide a response and check each area of expertise of interest.
- **Do not** include additional information if not pertinent to the itemized request. Please return with your response packet.

Specialty Services List (Must provide certification or documentation of specialized training.)

- Trauma Informed Care
- Substance Use Disorders
- Motivational Interviewing
- Acceptance and Commitment Therapy (ACT)
- LBGTQ
- Infant Mental Health (PCIT and CPP)
- Eye Movement Desensitization Reprocessing (EMDR)
- Dialectical Behavior Therapy (DBT)
- Certified Play Therapist, Certified in Theraplay
- Sexual Rehab Therapy
- Other: Describe and provide documentation of certification

Specialty Populations

- Under 4
- Child 4 – 12
- Youth 12 – 18
- Adult 18 and 54
- Adult 55 and Older
- Substance Use
- LBGTQ
- Personality Disorders
- Family Therapy
- Chronically Mentally Ill
- Co-occurring Behavioral Health and DD/ID
- Co-Occurring Behavioral Health and SUD
- DCFS (Provided in home as requested)
- DYS (Provided in Home or Facility as requested)

Vendor Name:		Date:	
Authorized Signature:		Title:	
Print/Type Name:			

SERVICES AREAS

Please check off counties in which you are willing to provide the services and return with your response packet.

- | | | |
|--|---|---|
| <input type="checkbox"/> Arkansas
<input type="checkbox"/> Ashley
<input type="checkbox"/> Baxter
<input type="checkbox"/> Benton
<input type="checkbox"/> Boone
<input type="checkbox"/> Bradley
<input type="checkbox"/> Calhoun
<input type="checkbox"/> Carroll
<input type="checkbox"/> Chicot
<input type="checkbox"/> Clark
<input type="checkbox"/> Clay
<input type="checkbox"/> Cleburne
<input type="checkbox"/> Cleveland
<input type="checkbox"/> Columbia
<input type="checkbox"/> Conway
<input type="checkbox"/> Craighead
<input type="checkbox"/> Crawford
<input type="checkbox"/> Crittenden
<input type="checkbox"/> Cross
<input type="checkbox"/> Dallas
<input type="checkbox"/> Desha
<input type="checkbox"/> Drew
<input type="checkbox"/> Faulkner
<input type="checkbox"/> Franklin
<input type="checkbox"/> Fulton
<input type="checkbox"/> Garland
<input type="checkbox"/> Grant
<input type="checkbox"/> Greene
<input type="checkbox"/> Hempstead
<input type="checkbox"/> Hot Spring
<input type="checkbox"/> Howard
<input type="checkbox"/> Independence
<input type="checkbox"/> Izard | <input type="checkbox"/> Jackson
<input type="checkbox"/> Jefferson
<input type="checkbox"/> Johnson
<input type="checkbox"/> Lafayette
<input type="checkbox"/> Lawrence
<input type="checkbox"/> Lee
<input type="checkbox"/> Lincoln
<input type="checkbox"/> Little River
<input type="checkbox"/> Logan
<input type="checkbox"/> Lonoke
<input type="checkbox"/> Madison
<input type="checkbox"/> Marion
<input type="checkbox"/> Miller
<input type="checkbox"/> Mississippi
<input type="checkbox"/> Monroe
<input type="checkbox"/> Montgomery
<input type="checkbox"/> Nevada
<input type="checkbox"/> Newton
<input type="checkbox"/> Ouachita
<input type="checkbox"/> Perry
<input type="checkbox"/> Phillips
<input type="checkbox"/> Pike
<input type="checkbox"/> Poinsett
<input type="checkbox"/> Polk
<input type="checkbox"/> Pope
<input type="checkbox"/> Prairie
<input type="checkbox"/> Pulaski
<input type="checkbox"/> Randolph
<input type="checkbox"/> Saline
<input type="checkbox"/> Scott
<input type="checkbox"/> Searcy
<input type="checkbox"/> Sebastian
<input type="checkbox"/> Sevier | <input type="checkbox"/> Sharp
<input type="checkbox"/> St. Francis
<input type="checkbox"/> Stone
<input type="checkbox"/> Union
<input type="checkbox"/> Van Buren
<input type="checkbox"/> Washington
<input type="checkbox"/> White
<input type="checkbox"/> Woodruff
<input type="checkbox"/> Yell

<input type="checkbox"/> STATEWIDE |
|--|---|---|

Vendor Name:		Date:	
Authorized Signature:		Title:	
Print/Type Name:			