



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.

Type or Print the following information.

<p style="text-align: center;">CONFIRMATION OF REDACTED COPY</p> <p><input type="checkbox"/> YES, a redacted copy of submission documents is enclosed.</p> <p><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.</p> <p><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></p>
<p style="text-align: center;">ILLEGAL IMMIGRANT CONFIRMATION</p> <p>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.</p>
<p style="text-align: center;">ISRAEL BOYCOTT RESTRICTION CONFIRMATION</p> <p>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.</p> <p><input type="checkbox"/> Prospective Contractor does not and will not boycott Israel.</p>

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:			

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:	
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:			