

***RESPONSE PACKET***  
***SP-19-0048***

# RESPONSE 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 shall 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 response to be disqualified.**

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
*Use Ink Only.*

Printed/Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_

## **RESPONSE PACKET CHECK LIST**

- ☐ Original signed Response Signature Page
- ☐ Completed Proposed Subcontractors Form
- ☐ Completed and signed EO 98-04 Contract and Grant Disclosure Form (posted as an additional document to this RFQ)
- ☐ Copy of Prospective Contractor's Equal Opportunity Policy
- ☐ Completed VPAT Form (See Technology Access in the RFQ)
- ☐ Completed Original Arkansas Business Information Form
- ☐ Completed Original Business Contact Information Form
- ☐ Completed Original Audio/Visual Equipment Offering Form
- ☐ Completed Original List of Counties Serviced Form
- ☐ Completed Original Arkansas Distributors / Additional Locations Form

- Provide a response to all fields on the forms included in the Response Packet except the *Audio / Visual Equipment Offering Form*. If a particular field is not applicable, mark "N/A" in the field.
- ***Audio / Visual Equipment Offering Form*** – Indicate the Audio/Visual Equipment and Supplies your company will offer on the QVL. Prospective Contractors are not required to offer all categories or every item within a category and are not required to mark "N/A" on inapplicable fields.

## **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*

<b>Subcontractor's Company Name</b>	<b>Street Address</b>	<b>City, State, ZIP</b>

☐ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

# ARKANSAS BUSINESS INFORMATION FORM

• Complete all fields or mark "N/A" if not applicable

LEGAL NAME OF BUSINESS AS REGISTERED IN THE STATE OF ARKANSAS

AR BUSINESS LICENSE NUMBER:

PRIMARY MAILING ADDRESS AS REGISTERED IN THE STATE OF ARKANSAS	NUMBER OF YEARS IN BUSINESS IN AR

• Complete all fields or mark "N/A" if not applicable

PHYSICAL BUSINESS LOCATION AND ADDRESS

COMMERICAL GENERAL LIABILITY INSURANCE CARRIER NAME:

COMMERICAL GENERAL LIABILITY INSURANCE POLICY NUMBER:

EMPLOYEE LIABILITY INSURANCE CARRIER NAME:

EMPLOYEE LIABILITY INSURANCE POLICY NUMBER:

VENDOR NUMBER AS SUPPLIED BY THE STATE OF ARKANSAS

WEBSITE ADDRESS, IF APPLICABLE

CERTIFIED MINORITY OR WOMEN OWNED BUSINESS ENTERPRISE DIRECTORY LISTING NAME:

NUMBER OF EMPLOYEES	TOTAL NUMBER OF CERTIFIED EMPLOYEES	BREAKDOWN OF CERTIFIED EMPLOYEES						
		CTS	CTS-D	CTS-I	AVSP	PMP	CSP	*OTHER

*\*If other AV certification is held by employees, please list:*

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# Audio/Visual Equipment Offering Form

**Business Name:** \_\_\_\_\_

Category Number	Material Description	DO YOU OFFER? SELECT BELOW		Material Brand Name Tier 1 Brand Commercial Class	Material Brand Name Tier 2 Brand Consumer Class
<b>E.1</b>	<b>AUDIO SOLUTIONS</b>	<b>YES</b>	<b>NO</b>		
E.1.1	Acoustic Materials (Panels, sound damping materials)				
E.1.2	Audio Players/Recorders (includes AM/FM Radio, CD, MP3, etc.)				
E.1.3	Listening Centers				
E.1.4	Public Address Systems (mounted and handheld)				
E.1.5	Portable Sound Systems (including all-in-one systems)				
E.1.6	Audio Filters				
E.1.7	Audio Attenuator				
E.1.8	Speakers, Wired				
E.1.9	Speakers, Wireless				
E.1.10	Amplifiers				
E.1.11	Audio Mixers				
E.1.12	Duplicators				
E.1.13	Listening Centers				
E.1.14	Audio Interface				
E.1.15	Assistive Listening Systems				
E.1.16	Audio Controllers				
E.1.17	Digital to Analog Convertors				
E.1.18	MIDI Controllers				
E.1.19	Keyboards				
E.1.20	Samplers and Synthesizers				
E.1.21	Stage Boxes				
E.1.22	Telephone Audio Interfaces				
E.1.23	Audience Response Systems				
E.1.24	Audio Conferencing Equipment				
E.1.25	Other (Please List)				
<b>E.1.2</b>	<b>VIDEO SOLUTIONS</b>	<b>YES</b>	<b>NO</b>		
E.1.2.1	Digital Video Recording / Playback				
E.1.2.2	Video Conferencing / Streaming Equipment				
E.1.2.3	Projectors				
E.1.2.4	Theater Projectors				
E.1.2.5	Studio Production Equipment				
E.1.2.6	Analog Video Recording				
E.1.2.7	Digital Video Disc Players				
E.1.2.8	Televisions (non-SMART)				
E.1.2.9	Televisions (SMART)				
E.1.2.10	High Definition Cameras (non security related)				
E.1.2.11	Blu-Ray Players				
E.1.2.12	DVD Players				
E.1.2.13	Gaming Equipment				
E.1.2.14	Media Players				
E.1.2.15	Teleprompters				
E.1.2.16	Duplicators				
E.1.2.17	Digital Video Editing Systems				
E.1.2.18	Television Monitors / Monitor Receivers				
E.1.2.19	Broadcast and Studio Camcorders				
E.1.2.20	Character Generators and Graphic Solutions				
E.1.2.21	Video Editing Boards and Cards				
E.1.2.22	Video Keyers				
E.1.2.23	Video Mixers / Production Switchers				
E.1.2.24	Video Wall Systems				
E.1.2.25	Other (Please List)				









# LIST OF COUNTIES SERVICED FORM

BUSINESS NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

INDICATE THE COUNTIES WHERE AUDIO / VISUAL EQUIPMENT, INSTALLATION AND/OR AND SERVICES CAN BE PROVIDED (Check ALL that apply)

NORTHWEST		NORTHEAST		SOUTHWEST		SOUTHEAST		CENTRAL	
ALL	<input type="checkbox"/>	ALL	<input type="checkbox"/>	ALL	<input type="checkbox"/>	ALL	<input type="checkbox"/>	ALL	<input type="checkbox"/>
BAXTER	<input type="checkbox"/>	CLAY	<input type="checkbox"/>	CALHOUN	<input type="checkbox"/>	ARKANSAS	<input type="checkbox"/>	FAULKNER	<input type="checkbox"/>
BENTON	<input type="checkbox"/>	CLEBURNE	<input type="checkbox"/>	CLARK	<input type="checkbox"/>	ASHLEY	<input type="checkbox"/>	GARLAND	<input type="checkbox"/>
BOONE	<input type="checkbox"/>	CRAIGHEAD	<input type="checkbox"/>	COLUMBIA	<input type="checkbox"/>	BRADLEY	<input type="checkbox"/>	GRANT	<input type="checkbox"/>
CARROLL	<input type="checkbox"/>	CRITTENDEN	<input type="checkbox"/>	DALLAS	<input type="checkbox"/>	CHICOT	<input type="checkbox"/>	LONOKE	<input type="checkbox"/>
CONWAY	<input type="checkbox"/>	CROSS	<input type="checkbox"/>	HEMPSTEAD	<input type="checkbox"/>	CLEVELAND	<input type="checkbox"/>	PERRY	<input type="checkbox"/>
CRAWFORD	<input type="checkbox"/>	FULTON	<input type="checkbox"/>	HOT SPRING	<input type="checkbox"/>	DESHA	<input type="checkbox"/>	PULASKI	<input type="checkbox"/>
FRANKLIN	<input type="checkbox"/>	GREENE	<input type="checkbox"/>	HOWARD	<input type="checkbox"/>	DREW	<input type="checkbox"/>	SALINE	<input type="checkbox"/>
JOHNSON	<input type="checkbox"/>	INDEPENDENCE	<input type="checkbox"/>	LAFAYETTE	<input type="checkbox"/>	JEFFERSON	<input type="checkbox"/>		<input type="checkbox"/>
LOGAN	<input type="checkbox"/>	IZARD	<input type="checkbox"/>	LITTLE RIVER	<input type="checkbox"/>	LEE	<input type="checkbox"/>		<input type="checkbox"/>
MADISON	<input type="checkbox"/>	JACKSON	<input type="checkbox"/>	MONTGOMERY	<input type="checkbox"/>	LINCOLN	<input type="checkbox"/>		<input type="checkbox"/>
MARION	<input type="checkbox"/>	LAWRENCE	<input type="checkbox"/>	MILLER	<input type="checkbox"/>	MONROE	<input type="checkbox"/>		<input type="checkbox"/>
NEWTON	<input type="checkbox"/>	MISSISSIPPI	<input type="checkbox"/>	NEVADA	<input type="checkbox"/>	PHILLIPS	<input type="checkbox"/>		<input type="checkbox"/>
POPE	<input type="checkbox"/>	POINSETT	<input type="checkbox"/>	OUACHITA	<input type="checkbox"/>	PRAIRIE	<input type="checkbox"/>		<input type="checkbox"/>
SEARCY	<input type="checkbox"/>	RANDOLPH	<input type="checkbox"/>	PIKE	<input type="checkbox"/>	ST. FRANCIS	<input type="checkbox"/>		<input type="checkbox"/>
SEBASTIAN	<input type="checkbox"/>	SHARP	<input type="checkbox"/>	POLK	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
SCOTT	<input type="checkbox"/>	STONE	<input type="checkbox"/>	SEVIER	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
VANBUREN	<input type="checkbox"/>	WHITE	<input type="checkbox"/>	UNION	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
WASHINGTON	<input type="checkbox"/>	WOODRUFF	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
YELL	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

## ARKANSAS DISTRIBUTORS / ADDITIONAL LOCATIONS FORM

Manufacturer / Business Name

Authorized Reseller / Business Name	Authorized Reseller / AR Business Address

Authorized Reseller / Business Contact Name	Authorized Reseller / Business Contact Phone #	Authorized Reseller / Business Contact Email Address

Manufacturer / Business Name

Authorized Reseller / Business Name	Authorized Reseller / AR Business Address

Authorized Reseller / Business Contact Name	Authorized Reseller / Business Contact Phone #	Authorized Reseller / Business Contact Email Address

Manufacturer / Business Name

Authorized Reseller / Business Name	Authorized Reseller / AR Business Address

Authorized Reseller / Business Contact Name	Authorized Reseller / Business Contact Phone #	Authorized Reseller / Business Contact Email Address

Manufacturer / Business Name

Authorized Reseller / Business Name	Authorized Reseller / AR Business Address

Authorized Reseller / Business Contact Name	Authorized Reseller / Business Contact Phone #	Authorized Reseller / Business Contact Email Address