

***RESPONSE PACKET ASUN-24-02***

**CAUTION TO VENDOR**

Vendor’s failure to submit required items and/or information as

specified in the *Bid Solicitation Document* **shall** result in disqualification.

**RESPONSE SIGNATURE PAGE**

*Type or Print the following information.*

Company: Address:

**RESPONDENT’S INFORMATION**

City: State: Zip Code:

Business

Designation*:*

☐ Individual ☐ Sole Proprietorship ☐ Public Service Corp

☐ Partnership ☐ Corporation ☐ Nonprofit

Minority

Designation*:*

*See Minority*

☐ Not

Applicable

☐ African American ☐ Hispanic American ☐ Pacific Islander American

☐ American Indian ☐ Asian American ☐ Service Disabled Veteran

*Business Policy*

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 not 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 must sign below.***

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

 Additional terms or conditions submitted in their response, 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 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 response 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 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 response 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:**

**SECTIONS 3, 4, 5 - VENDOR AGREEMENT AND COMPLIANCE**

 *Exceptions to Requirements* ***shall*** *cause the vendor’s response 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:**

**PROPOSED SUBCONTRACTORS FORM**

 ***Do not*** *include additional information relating to subcontractors on this form or as an attachment to this form.*

**VENDOR 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** |
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|  |  |  |

☐ **VENDOR 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.

**Authorized Signature:**

*Use Ink Only.*

**Printed/Typed Name: Date:**

**INFORMATION FOR EVALUATION**

 *Please provide a qualifications packet that adequately responds to each evaluation criteria listed in the table below.*

*The packet will include information about past sector strategy work at the regional, state, and national level. As referenced in the table below, please emphasize any prior experience with Arkansas Workplace Development.*

**Evaluation Criteria**

|  |  |
| --- | --- |
| Approach to Research and Assessment | 13 |
| Approach to Formulating Comprehensive Plans | 13 |
| Experience with Higher Ed, notably community colleges | 13 |
| Quality of Examples of Previous Work | 13 |
| Implementation & Support | 9 |
| Organization Overview |  3 |
| Vendor References | 3 |
| Qualified Staff | 3 |
| Total | 70 |

*Information for Evaluation Section*