# BID SIGNATURE PAGE

*Type or Print the following information.*

| PROSPECTIVE CONTRACTOR'S INFORMATION | | | | | |
|---|---|---|---|---|---|
| Company: | S & S Security Alarms, Inc. | | | | |
| Address: | 1408 W. Pleasure Ave. | | | | |
| City: | Searcy | State: | AR | Zip Code: | 72143 |
| Business Designation: | ☐ Individual ☐ Partnership | ☐ Sole Proprietorship ☑ Corporation | | ☐ Public Service Corp ☐ Nonprofit | |
| Minority and Women-Owned Designation*: | ☑ Not Applicable ☐ African American ☐ Asian American | ☐ American Indian ☐ Hispanic American ☐ Pacific Islander American | | ☐ Service Disabled Veteran ☐ Women-Owned | |
| | AR Certification #: _____ | * See *Minority and Women-Owned Business Policy* | | | |

| PROSPECTIVE CONTRACTOR CONTACT INFORMATION<br>*Provide contact information to be used for bid solicitation related matters.* | | | |
|---|---|---|---|
| Contact Person: | Joey Smith | Title: | Owner |
| Phone: | 501-305-2527 | Alternate Phone: | 501-278-0677 |
| Email: | joey@s-ssecurity.com | | |

## 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 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.*

## ILLEGAL IMMIGRANT CONFIRMATION

By signing and submitting a response to this *Bid Solicitation*, 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.

☑ 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:** Manager

**Printed/Typed Name:** David Bunting **Date:** 7/20/21

Contract Number _____

Attachment Number _____

Action Number _____

# CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: ☐ Yes ☑ No SUBCONTRACTOR NAME:

TAXPAYER ID NAME: S&S Security Alarms, Inc.

IS THIS FOR: Goods? ☐ Services? ☐ Both? ☑

YOUR LAST NAME: Smith FIRST NAME Joey M.I.:

ADDRESS: 1408 W. Pleasure Ave.

CITY: Searcy STATE: AR ZIP CODE: 72143 COUNTRY: USA

***AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:***

## FOR INDIVIDUALS*

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse *is* a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

| Position Held | Mark (√) | | Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.] | For How Long? | | What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.] | |
|---|---|---|---|---|---|---|---|
| | Current | Former | | From MM/YY | To MM/YY | Person's Name(s) | Relation |
| General Assembly | | | | | | | |
| Constitutional Officer | | | | | | | |
| State Board or Commission Member | | | | | | | |
| State Employee | | | | | | | |

☐ **None of the above applies**

## FOR AN ENTITY (BUSINESS)*

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

| Position Held | Mark (√) | | Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.] | For How Long? | | What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control? | | |
|---|---|---|---|---|---|---|---|---|
| | Current | Former | | From MM/YY | To MM/YY | Person's Name(s) | Ownership Interest (%) | Position of Control |
| General Assembly | | | | | | | | |
| Constitutional Officer | | | | | | | | |
| State Board or Commission Member | | ✓ | State Board of Private Investigators and Private Security Agencies | 06/04 | 06/16 | Joey Smith | | Chairman |
| State Employee | | | | | | | | |

☐ **None of the above applies**

DHS Revision 11/05/2014

Contract Number _____

Attachment Number _____

Action Number _____

# Contract and Grant Disclosure and Certification Form

***Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.***

**As an additional condition of obtaining, extending, amending, or renewing a contract with a *state agency* I agree as follows:**

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

   *Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.*

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

***I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.***

Signature Joey Smith Title Owner Date 7-20-21

Vendor Contact Person Joey Smith Title Owner Phone No. (501) 305-2527

*Agency use only*

Agency Number 0710 Agency Name Department of Human Services Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____

# EQUAL EMPLOYMENT OPPORTUNITY POLICY

## S&S SECURITY ALARMS, INC.

S&S Security Alarms, Inc. ("S&S") provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, gender identity, national origin, age, disability, genetic information, marital status, amnesty, or status as covered veteran in accordance with the applicable federal, state, and local laws. S&S complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

S&S expressly prohibits any form of unlawful employee harassment based on race, color, religion, gender, sexual orientation, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of S&S employees to perform their expected job duties is absolutely not tolerated.

**Arkansas Secretary of State**
**John Thurston**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

# Certificate of Good Standing

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

**S & S SECURITY ALARMS, INC.**

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office March 23, 1994.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.

**In Testimony Whereof,** I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 26th day of July 2021.

John Thurston
Secretary of State

Online Certificate Authorization Code: 4a435c0987b068c
To verify the Authorization Code, visit sos.arkansas.gov

**David Bunting <david@s-ssecurity.com>**

# Qolsys Dealer Portal Access Approved

1 message

**Marketing** <Marketing@qolsys.com> Thu, Jan 30, 2020 at 11:13 AM
To: david@s-ssecurity.com

## Qolsys

Thank you for signing up!

Your account is now approved.

Login to our site

### Account Information

Your account e-mail: **david@s-ssecurity.com**

Your account username: **sssecurity**

Set your password: **https://dealers.qolsys.com/password-reset/?act=reset_password&hash=5rLJDpg5FoMEw2nArMe8&user_id=11203**

Thank you!
The Qolsys Team

# 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.

| | | | |
|---|---|---|---|
| **Vendor Name:** | S & S Security Alarms, Inc. | **Date:** | 7/20/21 |
| **Signature:** | | **Title:** | Manager |
| **Printed Name:** | David Bunting | | |

# 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.

| | | | |
|---|---|---|---|
| **Vendor Name:** | S & S Security Alarms, Inc. | **Date:** | 7/20/21 |
| **Signature:** | | **Title:** | Manager |
| **Printed Name:** | David Bunting | | |

# SECTION 3 - 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.

| | | | |
|---|---|---|---|
| **Vendor Name:** | S & S Security Alarms, Inc. | **Date:** | 7/20/21 |
| **Signature:** | | **Title:** | Manager |
| **Printed Name:** | David Bunting | | |

# SECTION 4 - 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.

| | | | |
|---|---|---|---|
| **Vendor Name:** | S > S Security Alarms, Inc. | **Date:** | 7/20/21 |
| **Signature:** | | **Title:** | Manager |
| **Printed Name:** | David Bunting | | |

# 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:** | S & S Security Alarms, Inc. | **Date:** | 7/20/21 |
| **Signature:** | | **Title:** | Manager |
| **Printed Name:** | David Bunting | | |