BID RESPONSE PACKET 710-24-025

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION							
Company:							
Address:							
City:			State:			Zip Code:	
Business Designation:	☐ Individual☐ Partnership	□ Sole □ Corp	Proprietorship oration			Public Servio	ce Corp
Minority and Women-Owned Designation*:	□ Not Applicable □ American Indian □ Service-Disabled Veteran □ African American □ Hispanic American □ Women-Owned □ Asian American □ Pacific Islander American AR Certification #: * See Minority and Women-Owned Business Policy						
PROSPECTIVE CONTRACTOR CONTACT INFORMATION Provide contact information to be used for bid solicitation related matters.							
Contact Person:			Title:				
Phone:			Alternate Phone	e:			
Email:							
	СО	NFIRMATION C	F REDACTED C	COPY			
□ NO, a redacted	d copy of submission doc copy of submission doc be released if requested.	uments is <u>not</u> er		stand	a full copy	of non-redac	eted submission
and neither pricing), will	d copy of the submission of box is checked, a copy of be released in response icitation for additional info	of the non-redact to any request i	ed documents, w	vith the	e exceptio	n of financial (data (other thai
	CO	MBINDED CER	TIFICATIONS F	ORM			
	ractor has included in the State of Arkansas.	is submission p	acket the signed	d Atta	chment H	: Combined C	Certifications fo
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:							
•		•		itle:			
Authorized Signature: Title: Date:							

SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE

_								
this	y requested exception page. Vendor mu icitation item numbe	st clearly expl	lain the requ	ested excepti	mandatory mu on and should	ist be declare I label the re	ed below or as quest to refe	an attachmerence the sp
Exc	ceptions to Requirer	nents shall cau	use the vendor'	s proposal to	be disqualified			
Ry eignatur	e below, vendor a	arees to and	shall fully co	mply with all	Paguiraman	e ae ehown	in the <i>hid</i> so	licitation
				mply with an				icitation.
Vendor	Name:				Da	te:		
Signatu	re:				Tit	le:		
	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.	

COUNTIES

Instructions: Select each county in which services can be provided by the Prospective Contractor.

Arkansas	
Ashley	
Baxter	
Benton	
Boone	
Bradley	
Calhoun	
Carroll	
Chicot	
Clark	
Clay	
Cleburne	
Cleveland	
Columbia	
Conway	
Craighead	
Crawford	
Crittenden	
Cross	
Dallas	
Desha	
Drew	
Faulkner	
Franklin	
Fulton	

Garland
Grant
Greene
Hempstead
Hot Spring
Howard
Independence
Izard
Jackson
Jefferson
Johnson
Lafayette
Lawrence
Lee
Lincoln
Little River
Logan
Lonoke
Madison
Marion
Miller
Mississippi
Monroe
Montgomery
Nevada

Newton	
Ouachita	
Perry	
Phillips	
Pike	
Poinsett	
Polk	
Pope	
Prairie	
Pulaski	
Randolph	
Saline	
Scott	
Searcy	
Sebastian	
Sevier	
Sharp	
St. Francis	
Stone	
Union	
Van Buren	
Washington	
White	
Woodruff	
Yell	

All counties (Statewide)

SERVICE TYPES

<u>Instructions:</u> Select each type of substance abuse treatment service that can be provided by the Prospective Contractor. **All services will include intake and assessment.**

Residential - Full day	
Residential - Partial Day	
Residential - Adolescent	
Outpatient – Individual	
Outpatient – Family	
Outpatient – Group	

Outpatient – multi-family group	
Outpatient – Adolescent	
Outpatient - Intensive	
Specialized Women Services	
RADD Observation Detox	
Medication Management	

SECTION 2.4 MINIMUM QUALIFICATIONS

Currently enrolled as a service provider in the Arkansas Medicaid Program. Prospective Contractor's Medicaid Service Provider Number:
NOT currently enrolled as a service provider in the Arkansas Medicaid Program.

STATEMENT OF ATTESTATION

The Contractor must be enrolled as a service provider in the Arkansas Medicaid Program by the contract start date of May 1, 2024. Failure to do so will result in contract termination. Services and payments shall not be provided under any resulting contract without enrollment. Any enrollment information after the bid opening must be submitted to	
By signature below, the Prospective Contractor agrees to and shall fully comply with all requirements as described in the attestation.	nis
Authorized Signature:	
Printed/Typed Name:Date:	

DOCUMENTATION CHECKLIST

As outlined in section 2.3 Minimum Qualifications in the solicitation document, please provide the following:

- Active registration from the Arkansas Secretary of State's Office, or other state approved documentation
- Certificate of Accreditation through the Commission on Accreditation of Rehabilitation Facilities (CARF)
- List of proposed staff
- Official Bid Price Sheet
- All documents provided in the Bid Response Packet
- Copy of Vendor's Equal Opportunity Policy
- Signed Addenda, if applicable
- EO 98-04 Contract and Grant Disclosure Form (Attachment A)
- Certifications and Restrictions (Attachment H)