

RESPONSE PACKET
DH-19-0009

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"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <input type="checkbox"/> Nonprofit	
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> African American	<input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic American	<input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Service Disabled Veteran <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:				
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 proposal to be disqualified.**

Authorized Signature: _____ **Title:** _____
Use Ink Only.

Printed/Typed Name: _____ **Date:** _____

SWAG APPLICATION

SWAG Advisor:

I have read and understand the expectations associated with being a Student Wellness Advocacy Group Chapter Advisor during the 2018-2019 project period. My signature below indicates that I intend to establish a new a SWAG Chapter. I understand that it is my responsibility to work with my school administration or organization's governing body to obtain the necessary permission to initiate a Student Wellness Advocacy Group within my school or organization.

Signature: _____
Printed Name: _____
School Name: _____ LEA #: _____
Job Title: _____ Date: _____

School Administrator:

I have read and understand the expectations with having a Student Wellness Advocacy Group Chapter during the 2018-2019 project period. **My signature below indicates that I support the establishment of a new SWAG Chapter and that the above advisor has passed Arkansas State, FBI, and Child Maltreatment Central Registry background check.** I am giving permission to initiate a Student Wellness Advocacy Group within my school or organization.

Signature: _____
Printed Name: _____
School Name: _____ LEA #: _____
Job Title: _____ Date: _____

Checklist:

- Advisor Signature
- Administrator Signature
- Completed W-9 (If not already State registered vendor)
- Copy of ACSIP