

***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:				

**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