

RESPONSE PACKET
DH-22-0003

RESPONSE SIGNATURE PAGE

***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.

BIDDER INFORMATION			
Company Name (School Name): _____			
Name (School Administrator) (type or print): _____		Title: _____	
Address: _____			
City: _____		State: _____	ZIP Code: _____
Telephone Number: _____		Fax Number: _____	
E-Mail Address: _____			
*Signature (School Administrator): _____ <i>Use ink only.</i>			
Business Designation (check one):	Individual [] Partnership []	Sole Proprietorship [] Corporation []	Public Service Corp [] Government/ Nonprofit [x]
Advisor Information:			
<u>Name (type or print):</u>			
<u>Signature:</u>			
<u>Title:</u>			
<u>Address (school):</u>			
<u>E-mail:</u>			
<u>Phone</u>		<u>Phone:</u>	
District Financial Coordinator Information:			
<u>Name (type or print):</u>			
<u>Signature:</u>			
<u>Title:</u>			
<u>Address (school):</u>			
<u>E-mail:</u>			
<u>Phone</u>		<u>Phone:</u>	

SWAG APPLICATION

SWAG Advisor:

I have read and understand the expectations associated with being a Student Wellness Advocacy Group Chapter Advisor during the 2021-2022 project period. My signature below indicates that I intend to establish 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: _____
E-mail _____ Phone: _____

School Administrator:

I have read and understand the expectations with having a Student Wellness Advocacy Group Chapter during the 2021-2022 project period. **My signature below indicates that I support the establishment of a SWAG Chapter and that the above advisor has passed Arkansas State, FBI, and Child Maltreatment Central Registry background check and will be given a \$500.00 stipend as described in Item 2.2 on page 4 of 8 of the Competitive Bid DH-22-0003 document.** 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: _____
E-mail _____ Phone: _____

District Financial Coordinator:

The Financial Coordinator will work with the ADH staff to complete requested information to ensure funding is received and accessible to the SWAG.

Signature: _____
Printed Name: _____
School Name: _____ LEA #: _____
Job Title: _____ Date: _____
E-mail _____ Phone: _____

Checklist:

- Signatures
 - Advisor
 - Administrator
 - Financial Coordinator
- Completed W-9 for LEA