

***RESPONSE PACKET***  
***DH-21-0002***

## 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:			
<b><u>Name (type or print):</u></b> _____			
<b><u>Signature:</u></b> _____			
<b><u>Title:</u></b> _____			
<b><u>Address (school):</u></b> _____			
<b><u>E-mail:</u></b> _____			
<b><u>Phone</u></b> _____		<b><u>Phone:</u></b> _____	
District Financial Coordinator Information:			
<b><u>Name (type or print):</u></b> _____			
<b><u>Signature:</u></b> _____			
<b><u>Title:</u></b> _____			
<b><u>Address (school):</u></b> _____			
<b><u>E-mail:</u></b> _____		<b><u>State Vendor ID for LEA applying:</u></b> _____	
<b><u>Phone</u></b> _____		<b><u>Phone:</u></b> _____	

# SWAG APPLICATION

## SWAG Advisor:

I have read and understand the expectations associated with being a Student Wellness Advocacy Group Chapter Advisor during the 2020-2021 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 2020-2021 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 and will be given a \$1,000.00 stipend as described in Item 2.2 on page 4 of 8 of the Competitive Bid DH-21-0002 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:**

- Advisor Signature
- Administrator Signature
- Financial Coordinator Signature
- Completed W-9 for LEA (if not already a State registered vendor, if so see below)
- State Vendor I.D. number for LEA applying (if already registered as a State Vendor)