



UNIVERSITY
of ARKANSAS
AT PINE BLUFF
—1873—

BID RESPONSE PACKET

UAPB A174

***Window Shades for Selected
Residence Halls***

BID 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"/> American Indian | <input type="checkbox"/> Asian American | <input type="checkbox"/> Service Disabled Veteran |
| | <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic American | <input type="checkbox"/> Pacific Islander American | <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: | | | |

| CONFIRMATION OF REDACTED COPY |
|--|
| <input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. |
| <p><i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i></p> |

| ILLEGAL IMMIGRANT CONFIRMATION |
|--|
| <p>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.</p> |

| ISRAEL BOYCOTT RESTRICTION CONFIRMATION |
|---|
| <p>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.</p> <p><input type="checkbox"/> Prospective Contractor does not and will not boycott Israel.</p> |

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 rejected:

Authorized Signature: _____ Title: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

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 |
|------------------------------|----------------|------------------|
| | | |
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PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

UAPB SPECIFICATIONS IFB # UAPB A174

Please duplicate the enclosed label and affix to the outside of your sealed submittal envelope/package or cut along the outer border and affix this label to the outside of the submittal envelope/package to identify it as a "Sealed Bid/Proposal". Be sure to include the name of the company submitting the response where requested.

SEALED BID/PROPOSAL * DO NOT OPEN

TITLE: Invitation for Bid for Window Shades for Residence Halls

Bid Number: IFB # UAPB A174

Bid Open: Friday, July 28, 2023 @ 11:00 A.M.

Submitted By

Company Name: _____

Contact Name: _____

Telephone: _____

Contact and Delivery Information Contact

lewisal@uapb.edu

870.575.8735

**Purchasing Department Room 102
1200 N. University Drive
Pine Bluff, AR 71601**

VENDOR REFERENCES

Please list below at **least two (2) references** where delivery has been made of the type of merchandise you are proposing.

Vendor (1)

Company Name _____

Phone No. _____

Address: _____

City & State _____

Contact Person: _____

Vendor (2)

Company Name _____

Phone No. _____

Address: _____

City & State _____

Contact Person: _____

A vendor whose bid is under consideration shall, upon request, promptly furnish satisfactory evidence of his financial resources, his experiences, and the organization and merchandise he has available to meet this request.

SUBSTITUTIONS ("OR EQUAL")

- A. These specifications are intended to establish a minimum desired quality or performance level, or other minimum dimensions and capabilities, which will provide the best product available at the best price. When a brand and/or model is designated, and a bidder offers other than the designated brand and/or model the other than designated brand and/or model, must be listed; specifications and descriptive literature provided; and, if requested, a sample made available for testing. **Other than designated brands and/or models approved as equal to designated products shall receive equal consideration.**
- B. When proofs of compliance for materials and equipment are called for in the technical specifications or requested by the University of Arkansas at Pine Bluff, such proofs of compliance shall be furnished by the vendor by supplying the following:
1. Certificates of compliance from the manufacturer
 2. Mill Certificates
 3. Testing laboratory certificates
 4. Report of actual laboratory test

SUBSTITUE/ALTERNATE PRODUCTS:

- C. Bidders are advised that they may bid other than specified however, it must **meet or exceed the specifications as herein listed and color brochures and fact sheet (specification) must be included with your bid response**. If bidder takes no exception to specifications, they will be required to furnish material and/or equipment according to the brand names, etc., as specified.

_____ Check if bidding brand specified

_____ Check if bidding substitute

Name of brand substituted: _____

Brand names listed are for "specification only" not as statement of preference.

BID FORM
Section 00410

Bid Time: 11:00 a.m.
Bid Date: See cover of Bid
Location Room: Facilities Conference Room
1200 N. University Drive
Pine Bluff, AR 71601

BID FROM

BID TO: University of Arkansas Board of Trustees acting for and on behalf of The University of Arkansas at Pine Bluff (UAPB)

PROJECT: **UAPB A174 WINDOW SHADES FOR SELECTED RESIDENCE HALLS**

Gentlemen:

- 1. Having carefully examined the Contract Documents for this project, as well as the premises and all conditions affecting the proposed construction, the undersigned proposes to provide all labor, materials, services, taxes and equipment necessary for, or incidental to, the construction of the project in accordance with the Contract Documents within the time set forth, for the lump sum base bid of:

\$ _____
Dollar Amount To Be Shown Numerically

- [2. Allowances: Allowances described in Section 01200 are included in the Bid Price.]
- [3. Unit Prices: If the required quantities of the items listed below are increased or decreased by change order, the unit prices set forth below shall apply to such quantities. Dollar Amount is to be shown numerically.

_____ ; _____ (\$) _____)
_____ ; _____ (\$) _____)
_____ ; _____ (\$) _____)
_____ ; _____ (\$) _____)

- [4. Ark Code Ann. § 22-9-212 requires the contractor to indicate on this bid form the cost of Trenching Safety Systems. **FAILURE TO SHOW THIS COST WILL INVALIDATE THE BID.** (NOTE THIS COST SHALL BE INCLUDED IN THE ABOVE BASE BID. REFER TO SPECIFICATIONS SECTION 01 526).

_____)
Dollar Amount Is To Be Shown Numerically

- 5. **Completion Time;** Bidder agrees that the work will be substantially complete and ready for final payment in accordance with the Contract Documents within thirty (30) days consecutive calendar days of the date established in a written notice to proceed.

6. The undersigned, in compliance with the Contract Documents for the construction of the above named project, does hereby declare;
 - a. That the undersigned understands that the Owner reserves the right to reject any and all bids and to waive any formality.

AUTHORIZED SIGNATURE REPRESENTING BIDDING COMPANY

Signature _____

Name _____

Title _____

Company _____

Address _____

_____ City/State

_____ Zip Code

Telephone (_____) _____

Fax (_____) _____

E-mail _____

Date _____

ADDENDA:

I/We do hereby acknowledge receipt of the following **addendum or addenda (if any):**

No. _____

Dated _____

No. _____

Dated _____

No. _____

Dated _____

No. _____

Dated _____

No. _____

Dated _____

DETAILED COST SHEET

This sheet MUST be completed also and returned with the other required documents.

GRAND TOTAL: All Shades with installation, etc. \$ _____

BREAKDOWN OF THE ABOVE COST

All Window Shades (all locations) \$ _____

Installation Cost \$ _____

Removal of Existing Shades \$ _____

Tax \$ _____

Labor \$ _____

Other (explain) \$ _____

All cost for which the University will be billed must be included above.

RESTRICTION OF BOYCOTT OF ISRAEL CERTIFICATION

Pursuant to Arkansas Code Annotated § 25-1-503, a public entity shall not enter into a contract valued at \$1,000 or greater with a company unless the contract includes a written certification that the person or company is not currently engaged in, and agrees for the duration of the contract not to engage in, a boycott of Israel.

By signing below, the Contractor agrees and certifies that they do not currently boycott Israel and will not boycott Israel during any time in which they are entering into, or while in contract, with any public entity as defined in § 25-1-503* If at any time after signing this certification the contractor decides to engage in a boycott of Israel, the contractor must notify the contracting public entity in writing.

If a company does boycott Israel, see Arkansas Code Annotated § 25-1-503.

| | |
|------------------------|--|
| Name of public entity | The University of Arkansas at Pine Bluff Arkansas |
| AASIS Vendor Number | Not Applicable |
| Contractor/Vendor name | |

Contractor Signature: _____ Date: _____
Signature must be hand written, in ink

“Public Entity” means the State of Arkansas, or a political subdivision of the state, including all boards, commissions, agencies, institutions, authorities, and bodies politic and corporate of the state, created by or in accordance with state law or regulations, and does include colleges, universities, a statewide public employee retirement system, and institutions in Arkansas as well as units of local and municipal government.

08102018

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

| | | | |
|-----------------------|---|---|--|
| Print or type. | See Specific Instructions on page 3. | <p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p> | <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p> |
| | | <p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p> <hr/> | <p>Requester's name and address (optional)</p> <hr/> |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

| | | | | | | | | | | | |
|---------------------------------------|--|--|--|---|--|--|---|--|--|--|--|
| Social security number | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | - | | | - | | | | |
| or | | | | | | | | | | | |
| Employer identification number | | | | | | | | | | | |
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

ILLEGAL IMMIGRANT CERTIFICATION REQUIRED PRIOR TO AWARD **PROHIBITION AGAINST CONTRACTING WITH ILLEGAL IMMIGRANTS – Acts 157 of 2007.**

Regarding those contracts over \$25,000.00 – No state agency may enter into or renew a public contract with a contractor who knows that the contractor or a subcontractor employs or contracts with an illegal immigrant to perform work under the contract. Certification Required by Contractor prior to award of contract.

It is the requirement of the Office of State Procurement that prior to an award the contractor must certify on the Office of State Procurement's web site which is <https://www.transform.ar.gov/procurement/agencies/forms-and-reporting/> that his company does not employ nor will employ illegal immigrants for this project or service. (MUST BE DONE WITHIN FIVE (5) DAYS OF NOTICE)

Instructions:

When the DFA page opens you will see :

- (1) On the right click on Illegal Immigrant Reporting**
- (2) Under Vendor Submit Disclosure Form**
- (3) Click on Submit Disclosure Form**
- (4) Complete Form**

DFA | Office of State Procurement | Illegal Immigrant Certification

The screenshot shows a web browser window with the URL ark.org/dfa/immigrant/index.php?c=user&m=welcome&_ga=2.57404522.1945312742.1596498092-287535036.1594827231. The page title is "Illegal Immigrant Disclosure Certification". The header includes the Arkansas Department of Transportation logo and navigation links for "Home" and "Welcome Agency - Login". The main content area features a "Vendor Submit Disclosure Form" section with the text: "Are you a vendor and need to submit a disclosure form?" and "Disclosure forms are valid for one year." Below this text is a blue button labeled "Search/Submit Disclosure Forms".

Instructions conti. . .

You are to click on the section that says
Vendor Illegal Immigrant Contracting Disclosure Reporting Screen.

The next **screen** you will see says
DFA ILLEGAL IMMIGRANT CONTRACTOR DISCLOSURE CERTIFICATION LOGIN (click on the right side to open the box that reads: "Submit Disclosure Form").

DFA Illegal Immigrant Contractor Disclosure Certification Login

[Agency Login](#)

[Vendor Submit Disclosure Form](#)

Username:

Are you a vendor and need to submit a disclosure form?

Password:

[Submit Disclosure Form](#)

Login

Forget your password? [Click here](#)

Instructions conti. . .

The opened screen will **LOOK LIKE THIS:**
Answer the questions and "**Submit**".

DFA Illegal Immigrant Contractor Disclosure Certification Form

Navigation : [Home](#) >> Certification Form

[Help](#)

Note: *Required fields are marked with an asterisk.

*Vendor Name:

*Contract Type:

Bid Number:

*Disclosure Statement:

I do not employ or contract with any illegal immigrant(s).

*E-mail Address:

*Select Agency:

Submit

THE AGENCY LOGIN BOX IS FOR UAPB – We are required to check this web site to make sure you have certified prior to Purchase Order issue or Contract Award.