

BID RESPONSE PACKET UAPB P175(REBID)

PREVENTIVE MAINTENANCE-CHARTER BUSES

BID SIGNATURE PAGE

Type or Print the following information.

С

A

C

B

N V E

PROSPECTIVE CONTRACTOR'S INFORMATION							
ompany:							
ddress:							
ity:				State:		Zip Code:	
usiness esignation:	☐ Individual☐ Partnership	□ Sole Pro □ Corpora				Public Service Nonprofit	Corp
linority and /omen-Owned lesignation*:	☐ Not Applicable☐ African American	☐ American Indian☐ Hispanic American		□ Asian American □ Pacific Islander American		☐ Service-Disabled Veteran ☐ Women-Owned	
	AR Certification #:		* See Min	ority and	Women-Ow	ned Business	Policy

PROSPECTIVE CONTRACTOR CONTACT INFORMATION Provide contact information to be used for bid solicitation related matters.				
Contact Person:		Title:		
Phone:		Alternate Phone:		
Email:				

CONFIRMATION OF REDACTED COPY

- \Box YES, a redacted copy of the submission documents is enclosed.
- □ 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.

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.

ILLEGAL IMMIGRANT CONFIRMATION

By signing and submitting a response to this *Bid Solicitation*, 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.

□ Prospective Contractor does not and will not boycott Israel.

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:

Use Ink Only.

_Title: ______

Printed/Typed Name:

Date:

VENDOR REFERENCES

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

(1)	(2)
Company Name:	Company Name:
Phone No;	Phone No:
Address:	Address:
City & State	City & State
Contact Person:	_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 ("0R 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 <u>brand and/or model</u>, must be listed; specifications and descriptive literature provided; and, if requested, a sample made available for testing. <u>Other than designated</u> <u>brands and/or models approved as equal to designated products shall receive equal consideration.</u>
- 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

SUBSTITUTE/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 the bidder makes 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 a statement of preference.

UAPB SPECIFICATIONS IFB # UAPB P175

Please duplicate the enclosed label and affix it 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 <u>:</u>	INVITATION FOR REBID- PM-CHARTER BUSES
Bid Number: Bid Open:	UAPB IFB# UAPB P175 <u>Monday. August 21, 2023 @ 11:00 A.M</u> .
•	Submitted By
	me:
Telephone:	
	<u>Contact and Delivery Information Contact</u> <u>colep@uapb.edu</u> 870.575.8736
	Purchasing Department Room 102 1200 N. University Drive Pine Bluff, AR 71601

ITEM	DESCRIPTION	UNIT OF MEASURE	PER LABOR HOUR	PARTS	EXTENDED AMOUNT
	3- 2014 Van Hool CX 45-Charter Buses				
	56 passenger				
	Brake Repair + Parts	Hourly			
1.					
	Brake Replacement	Hourly			
2.					
3.	Brake Replacement per axle	Hourly			
4.	Engine Oil Change and filters	Hourly			
5.	Electrical Repair Unknown power drain on batteries	Hourly			
6.	General Inspection	Hourly			
7.	A/C Filters	Hourly			
8.	Transmission Fluid and Filters	Hourly			
9.	Parts Replacement + Parts	Hourly			
10.	Annual Checkups	Hourly			
11.	Software Inspection & Repair	Hourly			
12.	Heating & A/C Repair	Hourly			
13.	Proper Equipment to check Freon Levels &	Hourly			
	injecting Freon as needed.				
14.	Wheel Alignment	Hourly			
15.	Air Bags inspection & replacement	Hourly			
16.	Inspection & repair of Entry Door Operation	Hourly			
17.	Inspection & repair of Intercom system	Hourly			
18.	Inspection & repair of wheelchair lift	Hourly			
19.	Inspection & repair of DVE & TV System	Hourly			

GRAND TOTAL \$_____

SUBSEQUENT YEAR'S COST

List below the percentage (%) of increase for subsequent year's (Percentage) only, no dollars in the section below.

Cost for year 2 =	_% of increase over year 1
Cost for year 3 =	_ % of increase over year 2
Cost for year 4 =	_ % of increase over year 3
Cost for year 5 =	_ % of increase over year 4
Cost for year 6 =	_ % of increase over year 5
Cost for year 7 =	_ % of increase over year 6
SUMMARY: TOTAL percentage (%) of increase years 2-7 =	% (no dollars please)

Bases for Award – This bid will be award to the Bidder who meets all the requirements as herein specified and who provides that lowest cost for year one (1) plus the total percentage of increase for subsequent years and who meets all of the mandatory requirements as listed herein and is responsive to all other terms and conditions of this bid.

Note: Contractor will be fully responsible for arranging inside delivery of this merchandise into UAPB's Warehouse or otherwise designated location.

NOTE: ALL COST FOR WHICH THE UNIVERSITY WILL BE BILLED MUST BE INCLUDED IN YOUR BID PRICE (Commodity, freight, handling, and other transportation). DO NOT INCLUDE TAXES (state or local) if you are an Arkansas vendor. You must add it to your invoice if you are the successful Contractor. For your information, our current tax rate is 10.00%. If you are an out-of-state vendor, you may do the same or we will calculate it in our USE TAX report.

Form **W-9** (Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Revenue Service	► Go to www.irs.gov/FormW9 for instructions and the latest information.
1 Name las shown on vo	ur income tax return). Name is required on this line: do not leave this line blank

Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC	Exe	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		empt payee code (if any)
another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a sing is disregarded from the owner should check the appropriate box for the tax classification of its own	wner. Do not check owner of the LLC is gle-member LLC that ner.	emption from FATCA reporting de (if any)
	LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a sin	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. Content of the content o

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. Social security number 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. Or

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 ►		
Gond	val Instructions	 Form 1099-DIV (dividends, including those from stocks or mutual 		

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.

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 handwritten, 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.

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

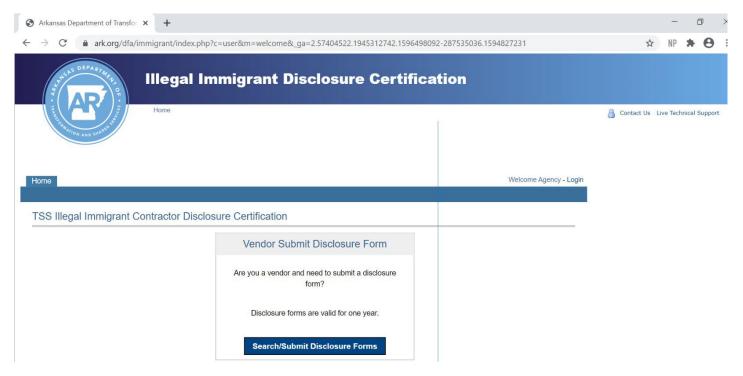
Regarding those contracts over \$25,000.00 – No state agency may enter into or renew a public contract with a contractor who knows that the contractor or a subcontractor employs or contracts with an illegal immigrant to perform work under the contract. Certification Required by Contractor prior to award 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.ark.org/dfa/immigrant/index.php?c=user&m=welcome& ga=2.57404522.1945312742.1596498092-287535036.1594827231 that his company does not employee nor will employee illegal immigrants for this project or service. (MUST BE DONE WITHIN FIVE (5) DAYS OF INTENT TO AWARD NOTICE)

Instructions:

Click the Search/Submit Disclosure Forms. Complete the questions to become certified. Once done you must print a copy of the certificate to submit with your bid proposal. Certificate must be submitted prior to Purchase Order issue or Contract Award



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

		Are you a vendor and need to submit a disclosure form?
Username:		
		Submit Disclosure Form
Password:		
	Loain	
		Forget your password? <u>Click here</u>

Instructions conti. . .

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

DFA Illegal Immigrant Contractor Disclosure Certification Form

Navigation : <u>Home</u> >> Certification Form Help

Note: *Required fields are marked with an asterisk.

*Vendor Name:	
*Contract Type:	Construction 🗸
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.