



UNIVERSITY
of ARKANSAS
AT PINE BLUFF
—1873—

TECHNICAL PROPOSAL PACKET
IFB Bid# UAPB A126
Printing of the “PRIDE” Magazine

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"/> 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:			

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
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.

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.
<input type="checkbox"/> 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: _____ **Title:** _____
Use Ink Only.

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 (“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

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 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 a statement of preference.

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

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

UAPB SPECIFICATIONS IFB# UAPB A126

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 Printing of the "Pride Magazine"

Bid Number: IFB# UAPB A126

Bid Open: Friday, October 16, 2020 @ 11:00 A.M.

Submitted By

Company Name: _____

Contact Name: _____

Telephone: _____

Contact and Delivery Information Contact

Trotterw@uapb.edu

870.575.8736

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

UNIVERSITY OF ARKANSAS AT PINE BLUFF
MANDATORY REQUIREMENTS FOR DOCUMENT SHREDDING SERVICES

In the space below and to the right, you must indicate by a check mark or comment that you are meeting or not meeting our specification (minimum requirements) for this service. Failure to respond to each item below will be cause for bid rejection.

We are also requesting that if your company has any brochures or other information that you include the same with your bid response package.

Mandatory Requirements for the Printing of the magazine, PRIDE

Specifications:	Meeting	Not Meeting	Comments
<p>Tiered pricing for quantity and page numbers Some issues may have more pages than others. Pricing will be needed for 44, 48, 52 and 64 pages.</p> <p>Quantities vary based on issue release dates (i.e. more are needed during homecoming than other times of the year). Pricing for 5, 10, and 20k will be needed.</p>			
<p>Cover stock Recycled or virgin, the cover stock must be 80# semi-gloss/semi-matte/satin in finish with 80% brightness.</p>			
<p>Inside pages Recycled or virgin, inside paper stock must be 70# semi-gloss/semi-matte/satin in finish with 80% brightness</p>			
<p>Ink The use of a soybean oil ink product is REQUIRED for the printing of ALL ITEMS.</p>			
<p>Color Four color process (CMYK) must be saved.</p>			
<p>Composition/Production of Materials Camera-ready artwork (pdf or InDesign file) will be provided to the printer. All typesetting and design will be done by UAPB.</p> <p>The vendor must confirm preference of one of the following delivery methods: email; dropbox; or FTP.</p>			
<p>Presswork Cover prints two-sides and text prints two-sides</p>			
<p>Proofing To ensure consistency of the file submitted with the end product, a proof or press check is required for review and approval before the publication is mass produced. Send the proof to: University of Arkansas Pine Bluff Attn: George Cotton 1200 N. University Drive, Mail Slot 4981 Pine Bluff, AR 71601</p>			

(870) 575-8911			
<p>Production must be completed 5- 10 days from the date of press/proof approval</p> <p>Due to the demand of the publication, quick turnaround is of importance. Once the proof has been approved, the production and finishing of the publication must be completed within 5-10 business days.</p>			
<p>Trimming, folding and binding</p> <p>The unfinished size of the publication (11.25" x 17.25") will contain reverses and bleeds with .125" allowance for trimming. The finished document should be folded, perfect bound, and approximately 8.5" x 11" in size. The number of pages will determine the thickness of the spine.</p>			

UNIVERSITY OF ARKANSAS AT PINE BLUFF
OFFICIAL BID PRICE SHEET

OPTION	DESCRIPTION	ESTIMATED QTY	UNIT OF MEASURE	UNIT PRICE PER THOUSAND DELIVERED	EXTENDED AMOUNT
Item #1	PRIDE MAGAZINE	1,000 – 5,000	EACH		
Item #2	PRIDE MAGAZINE	5,001 – 10,000	EACH		
Item #3	PRIDE MAGAZINE	10,001 – 15,000	EACH		

TOTAL ALL OPTIONS ABOVE \$ _____

All cost for which the University will be billed must be included in the prices quoted above (printing, stocks requested, labor, delivery, tax etc.)

AWARD

This bid will be awarded all or none to the lowest responsible, responsive bidder who bids the lowest Total cost (all options/all inclusive). Bids must meet or exceed all required specification of this bid.

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.

Please print or type	Name (See Specific Instructions on page 2.)		
	Business name, if different from above. (See Specific Instructions on page 2.)		
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other =		
	Address (number, street, and apt. or suite no.)		
	City, state and ZIP code	Requester's name and address (optional)	

List account number(s) here (optional)

Part II For Payees Exempt From Withholding

(See the instructions on page 2.)



Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How To Get a TIN** on page 2.

Social security number

OR

Employer identification number

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter

Part III 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. person (including a U.S. resident alien).

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 on page 2.)

Sign Here	Signature of U.S. person ►	Date	Date ►
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Purpose of Form. -A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are an exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Corporations.

Note: If a requester gives you a form other than a W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What Is Backup Withholding? - Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. **Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part III instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 3 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate **Instructions for the Requester of Form W-9.**

Penalties

Failure To Furnish TIN. -If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil Penalty for False Information With Respect to Withholding. -If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal Penalty for Falsifying Information. - Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

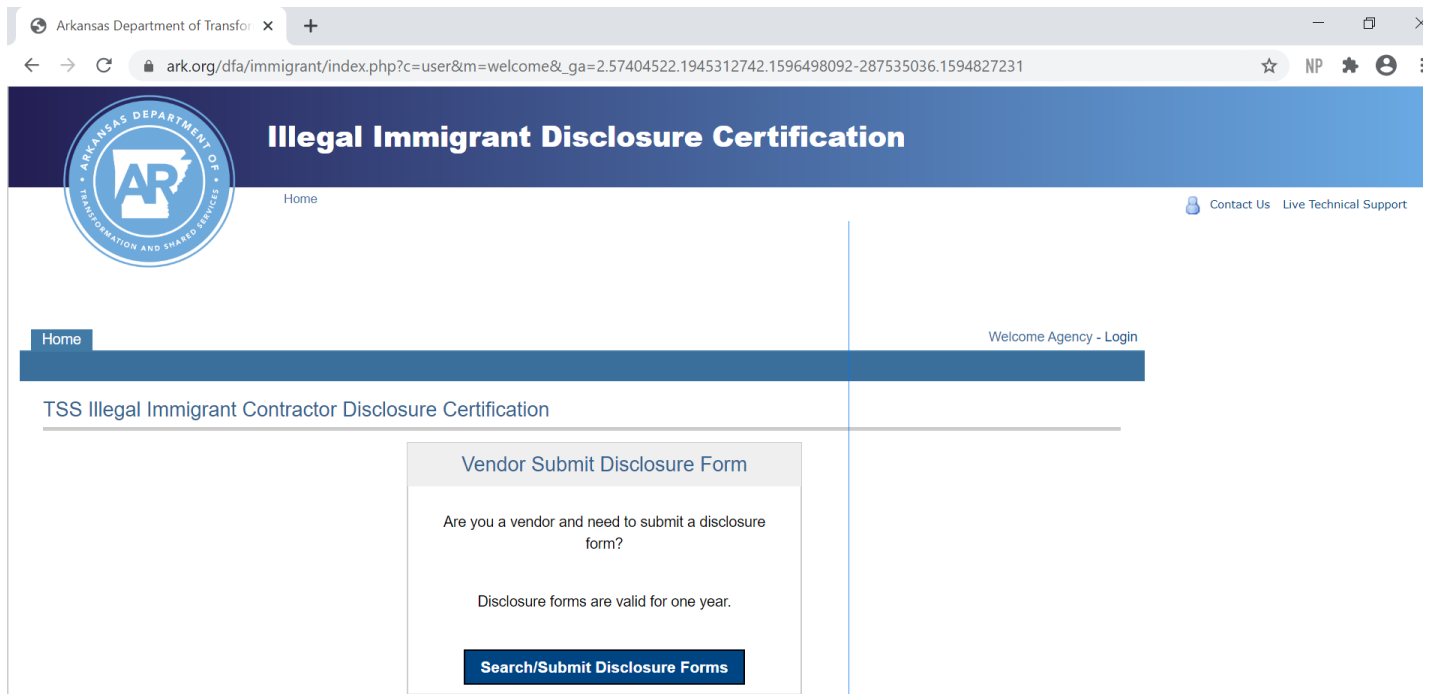
ILLEGAL IMMIGRANT CERTIFICATION REQUIRED PRIOR TO AWARD PROHIBITION AGAINST CONTRACTING WITH ILLEGAL IMMIGRANTS – Acts 157 of 2007.

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 employ nor will employ 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.



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](https://www.ark.org/dfa/immigrant/index.php?c=user&m=welcome&_ga=2.57404522.1945312742.1596498092-287535036.1594827231). The page features the Arkansas Department of Transportation logo and the title "Illegal Immigrant Disclosure Certification". Navigation links include "Home" and "Welcome Agency - Login". The main content area is titled "TSS Illegal Immigrant Contractor Disclosure Certification" and contains a "Vendor Submit Disclosure Form" section. This section asks, "Are you a vendor and need to submit a disclosure form?" and notes that "Disclosure forms are valid for one year." A prominent blue button labeled "Search/Submit Disclosure Forms" is located at the bottom of the form area.

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: _____

Yes No

IS THIS FOR:

Goods? Services? Both?

TAXPAYER ID NAME: _____

YOUR LAST NAME: _____

FIRST NAME: _____

M.I.: _____

ADDRESS: _____

STATE: _____

ZIP CODE: _____

COUNTRY: _____

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

F O R I N D I V I D U A L S *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	Relation
	Current	Former		From MM/YY	To MM/YY		
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

F O R A N E N T I T Y (B U S I N E S S) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY			
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

None of the above applies

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:
Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature _____ Title _____ Date _____

Vendor Contact Person _____ Title _____ Phone No. _____

Agency use only

Agency Number _____ Agency Name _____ Agency Contact Person _____ Agency Contact Phone No. _____ Contract or Grant No. _____

