

TECHNICAL PROPOSAL PACKET
ASU-B-22-2223

PROPOSAL 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"/> Asian American <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic 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 RFP 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. <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 RFP Solicitation for additional information.</i>			
ILLEGAL IMMIGRANT CONFIRMATION			
By signing and submitting a response to this <i>RFP Solicitation</i> , Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants and shall not employ or contract with illegal immigrants during the term of a contract awarded as a result of this RFP.			
ISRAEL BOYCOTT RESTRICTION CONFIRMATION			
By checking the box below, Prospective Contractor agrees and certifies that they do not boycott Israel and shall not boycott Israel during the term of a contract awarded as a result of this RFP. <input type="checkbox"/> Prospective Contractor does not and shall not boycott Israel.			

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 RFP Solicitation **may cause the Prospective Contractor's proposal to be rejected.**

Authorized Signature: _____ Title: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

SUBMISSION REQUIREMENTS CHECKLIST

Per the solicitation, the following items **must** be submitted with the Prospective Contractor's proposal:

- Proposal Signature Page*
- Proposed Subcontractors Form*
- Information for Evaluation*
- Exceptions Form*, if applicable
- Official Solicitation Price Sheet*, sealed separately

It is strongly recommended that the following items are also included with the Prospective Contractor's proposal:

- EO 98-04: *Contract and Grant Disclosure Form*
- Copy of Prospective Contractor's *Equal Opportunity Policy*
- Voluntary Product Accessibility Template (VPAT)*, if applicable
- Signed addenda, if applicable

PLEASE LIST ALL ACCOUNTS LOST OVER THE PAST 36 MONTHS.

YOUR FIRM NAME: _____
Company Name: _____
Company Address: _____
City/State/Zip: _____
Contact Name: _____ Phone: _____

Service Agreement began: _____ expires (if appropriate): _____
Number of vending machines installed: _____ Type: _____
Type: _____
Type: _____

REASON FOR LOST ACCOUNT: _____

Company Name: _____
Company Address: _____
City/State/Zip: _____
Contact Name: _____ Phone: _____

Service Agreement began: _____ expires (if appropriate): _____
Number of vending machines installed: _____ Type: _____
Type: _____
Type: _____

REASON FOR LOST ACCOUNT: _____

Company Name: _____
Company Address: _____
City/State/Zip: _____
Contact Name: _____ Phone: _____

Service Agreement began: _____ expires (if appropriate): _____
Number of vending machines installed: _____ Type: _____
Type: _____
Type: _____

REASON FOR LOST ACCOUNT: _____

REFERENCES

YOUR FIRM NAME: _____

- 1. Company Name: _____
Company Address: _____
City/State/Zip: _____
Contact Name: _____ Phone: _____

Service Agreement began: _____ Expires (if appropriate): _____
Number of vending machines installed: _____ Type: _____
_____ Type: _____
_____ Type: _____

COMMENTS: _____

- 2. Company Name: _____
Company Address: _____
City/State/Zip: _____
Contact Name: _____ Phone: _____

Service Agreement began: _____ Expires (if appropriate): _____
Number of vending machines installed: _____ Type: _____
_____ Type: _____
_____ Type: _____

COMMENTS: _____

- 3. Company Name: _____
Company Address: _____
City/State/Zip: _____
Contact Name: _____ Phone: _____

Service Agreement began: _____ Expires (if appropriate): _____
Number of vending machines installed: _____ Type: _____
_____ Type: _____

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.
 - Prospective Contractor **shall** complete and submit the *Proposed Subcontractors Form* included in the *Technical Proposal Packet*.
 - Additional subcontractor information may be required or requested in following sections of this *RFP Solicitation* or in the *Information for Evaluation* section provided in the *Technical Proposal Packet*. **Do not** attach any additional information to the *Proposed Subcontractors Form*.
 - The utilization of any proposed subcontractor is subject to approval by the State agency.

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.

INFORMATION FOR EVALUATION

- Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.
- Do not include additional information if not pertinent to the itemized request.

<u>WEIGHTING</u> Factor	Qualification	Standard
10	Proposer’s proven ability	Does the proposal show the vendor’s ability to provide similar vending service programs?
20	Experience, Service and Restocking record	Are the company and company representatives experienced in vending operations? Does the company have a proven record of providing excellent service to its customers?
10	Availability	What is the timeframe that the proposer can provide machines and services as requested?
15	Motivation and Implementation of Card Access System	Is the firm interested in participating in the goals of the University and will the firm provide good customer service?
15	Cost and Product	Do the proposed costs compare favorably with other firms in the vending industry? Does the proposal offer a variety of products?
15	Royalty Payments	Percentage of fixed firm monthly revenue offered in addition to the GAMR.
15	GAMR	Guaranteed annual minimum royalty offered.

EXCEPTIONS FORM

Prospective Contractor **shall** document all exceptions related to requirements in the RFP Solicitation.

ITEM #	REFERENCE (SECTION, PAGE, PARAGRAPH)	DESCRIPTION	PROPOSED LANGUAGE
1.			
2.			
3.			

PROPOSED PRICE SCHEDULE

1. List in the space provided the single, firm fixed percentage of the GROSS REVENUES you are offering to pay UCA as a royalty %

MONTHLY PERCENTAGE OFFERED _____%

2. List in the space provided the guaranteed annual minimum royalty amount which you agree to pay UCA annually.

ENTER AMOUNT OF "GAMR" OFFERED \$ _____ /YR.

NOTE: Offering a range of percentages/dollar amounts instead of a single, firm, fixed percentage/dollar amount for the above (1. & 2.), will result in your offer **being REJECTED**.