

BID RESPONSE PACKET UAPB IFB P202 DORMITORY FLOOR CLEANING

BID SIGNATURE PAGE

Type or Print the following information.

Company:							
Address:							
City:				State:		Zip Code:	
Business Designation:	☐ Individual☐ Partnership	□ Sole Pro □ Corporat				Public Service Nonprofit	Corp
Minority and Women-Owned Designation*:	☐ Not Applicable☐ African American	☐ American Indian☐ Hispanic American	□ Asian A □ Pacific		merican	□ Service Dis □ Women-Ov	sabled Veteran vned
	AR Certification #:		* See Min	ority and	Nomen-Ov	ned Business l	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

- □ YES, a redacted copy of 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.

Use Ink Only.

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:

Printed/Typed Name:

Date:

VENDOR REFERENCES

Please list below at least two (2) references where commercial flooring cleaning services were done.

(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 <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 P202

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>: INVITATIO</u>	N FOR BID FOR DORMITORY FLOOR CLEANING SERVICES
Bid Number:	UAPB IFB # P202
Bid Open:	<u>Wednesday, May 21, 2025 @ 11:00 A.M</u> .
l	Culture it to all Dur
	Submitted By
Telephone:	
	Contact and Delivery Information Contact
	<u>colep@uapb.edu</u>
	870.575.8736
 	Purchasing Department Room 102
	1200 N. University Drive
l	Pine Bluff, AR 71601
l	
1	

THE UNIVERSITY OF ARKANSAS AT PINE BLUFF PRICE SHEET

PART I

In consideration of the cleaning requirements for the dormitories with multiple floors, and multiple buildings, herein state what your cost will be for professionally cleaning, stripping and waxing said floors:

NOTE: All costs (labor, supplies, taxes etc.) must be included in the prices quoted as there will be no reimbursable expenses)

Part I

JBJ 9 UNITS (36 Suites)	\$
DELTA COMPLEX I (3 FLOORS)	\$
HUNT HALL COMPLEX 2 FLOORS (65 units)	\$
HAROLD COMPLEX (MALE SIDE) COPELAND/JOHNSON 2 SIDE-3 FLOORS EACH	\$
HAROLD COMPLEX (FEMALE SIDE) SEVENS/FISCHER 2 SIDES-3 FLOORS EACH	\$
TOTAL COST FOR THIS PROJECT	\$

AWARD:

This bid will be awarded to the company who submits the lowest cost for this summer flooring cleaning bid, who is responsive and responsible for all other terms and conditions of the bid.

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

Internal Reven

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 (as shown on vo	ur income tax return) Name is required on this line: do not leave this line blank

2 Business name/disregarded entity name, if different from above

rint or type. Instructions on page 3.	 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Ch following seven boxes. Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partner Note: Check the appropriate box in the line above for the tax classification of the single-member or LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the d another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is not disregarded from the owner for U.S. federal tax purposes. 	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) Exemption from FATCA reporting code (if any)	
P Specific	is disregarded from the owner should check the appropriate box for the tax classification of its own Other (see instructions)	ner.	(Applies to accounts maintained outside the U.S.)
Sp	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name a	nd address (optional)
See	6 City, state, and ZIP code		
		1	
	7 List account number(s) here (optional)	1997 - 19	

Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given of

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 esident 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 <i>How to get a</i>	
r/N, later.	or
Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and	Employer identification number
Number To Give the Requester for guidelines on whose number to enter.	

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.

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:

 The signature must be handwritten, in ink
 Date:

"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

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

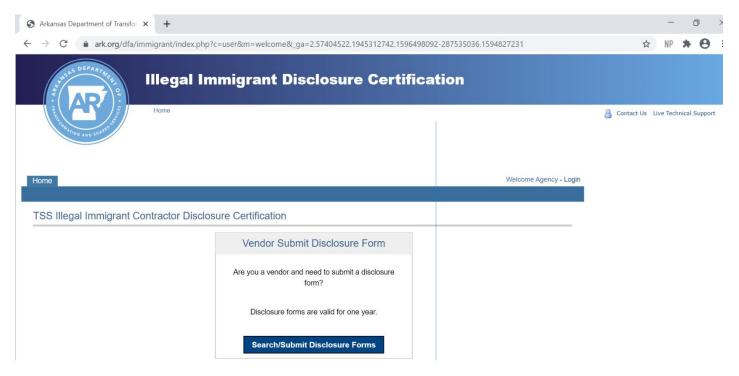
Regarding those contracts over \$25,000.00 – No state agency may enter into or renew a public contract with a contractor who knows that the contractor or a subcontractor employs or contracts with an illegal immigrant to perform work under the contract. Certification Required by Contractor prior to award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

Vendor Submit Disclosure Form

Username: Password:		Are you a vendor and need to submit a disclosure form? Submit Disclosure Form
	Login	Forget your password? Click here

Instructions conti...

Agency Login

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 Statemer	I do not employ or contract with any illegal immigrant(s).
*E-mail Address:	
*Select Agency:	•
	<u>S</u> ubmit

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.