



UNIVERSITY
of ARKANSAS
AT PINE BLUFF
—1873—

BID RESPONSE PACKET

UAPB P204

2025 DORMITORY SHADES AND BLINDS

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"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <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
<p><input type="checkbox"/> YES, a redacted copy of submission documents is enclosed.</p> <p><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> <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

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

UAPB SPECIFICATIONS IFB # UAPB P204

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 Dormitory Shades and Blinds

Bid Number: IFB # UAPB P204

Bid Open: Wednesday, July 2, 2025 @ 11:00 A.M.

Submitted By

Company Name: _____

Contact Name: _____

Telephone: _____

Contact and Delivery Information Contact

colep@uapb.edu

870.575.8736

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

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 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 P204 DORMITORY WINDOW SHADES AND BLINDS**

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/Blinds (all locations) \$ _____

Installation Cost \$ _____

Removal of Existing Shades/Blinds \$ _____

Tax \$ _____

Labor \$ _____

Other (explain) \$ _____

All the costs 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: _____

The 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.

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 =	Requester's name and address (optional)
	Address (number, street, and apt. or suite no.)	
City, state and ZIP code		

Part I	Taxpayer Identification Number (TIN)	List account number(s) here (optional)
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. Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter		
<div style="border: 1px solid black; padding: 5px; text-align: center;">Social security number</div> <p style="text-align: center;">OR</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">Employer identification number</div>		Part II For Payees Exempt From Withholding (See the instructions on page 2.)

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.transform.ar.gov/procurement/agencies/forms-and-reporting/> that his company does not employee nor will employee 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: "Home" and "Welcome Agency - Login". The main content area is titled "TSS Illegal Immigrant Contractor Disclosure Certification". A central box titled "Vendor Submit Disclosure Form" contains the text: "Are you a vendor and need to submit a disclosure form?", "Disclosure forms are valid for one year.", and a 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.