



**TECHNICAL RESPONSE PACKET**

***Bid # UAPB A201***

***JOB Order Contract: Asphalt, Concrete,  
Pavement and Hauling***

# **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"/> 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
<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 Bid Solicitation for additional information.</i>
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: \_\_\_\_\_

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# **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 RFP # UAPB A201

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: REQUEST FOR PROPOSAL FOR JOB Order Contract: Asphalt, Concrete, Pavement and Hauling**

**Bid Number: UAPB RFP # UAPB A201**

**Bid Open: Wednesday, July 16, 2025 @ 11:00 A.M.**

#### **Submitted By**

**Company Name: \_\_\_\_\_**

**Contact Name: \_\_\_\_\_**

**Telephone: \_\_\_\_\_**

#### **Contact and Delivery Information Contact**

**lewisal@uapb.edu  
870.575.8735**

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

**AUTHORIZED SIGNATURE REPRESENTING BIDDING COMPANY**

Signature \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip Code

Telephone (\_\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Date \_\_\_\_\_

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**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 \_\_\_\_\_

## Attachment 1

### Proposer References

Submission of this attachment is mandatory. Failure to complete and return this attachment with your bid may cause your bid to be rejected and deemed non-responsive.

List below three references for services performed within the last five years, which are similar to the scope of work to be performed in this contract.

#### REFERENCE 1

Name of Firm			
Street Address	City	State	Zip Code
Contact Person	Telephone Number		
Email Address			
Dates of Service			
Value or Cost of Service			
Brief Description of Service Provided			

#### REFERENCE 2

Name of Firm			
Street Address	City	State	Zip Code
Contact Person	Telephone Number		
Email Address			
Dates of Service			
Value or Cost of Service			
Brief Description of Service Provided			

#### REFERENCE 3

Name of Firm			
Street Address	City	State	Zip Code
Contact Person	Telephone Number		
Email Address			
Dates of Service			
Value or Cost of Service			
Brief Description of Service Provided			

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**Attachment 2**  
**UAPB A201**  
**JOC Pricing Proposal**  
**(Please fill out each blank for the % of Mark-up)**

**Company Name:** \_\_\_\_\_

Entering into this contract as a result of this Request for Proposal Invitation could be renewed for a total of four (4) years, in one (1) year increments. If so, what would be the maximum amount of Mark-up (percentage increase) in pricing would your company apply to the first year and the following years of renewal. All percentages are subject to negotiations at each contract renewal period. The percentages listed are not automatically applied but must be mutually agreed upon between contractor and the university.

% of Mark-up \_\_\_\_\_ Year 1

% of Mark-up \_\_\_\_\_ Year 2

% of Mark-up \_\_\_\_\_ Year 3

% of Mark-up \_\_\_\_\_ Year 4

**This Form MUST BE SUBMITTED in a SEPARATE SEALED ENVELOPE.**

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## **SECTION 3 – SELECTION CRITERIA**

### **BEST VALUE PROPOSALS EVALUATION**

The Competitive Sealed Request for Proposal method and award shall be the basis for evaluating each proposal. Interested contractor's proposal shall include responses to the following criteria which will be used in evaluating the "Best Value" proposal (pursuant to Arkansas Code 19-4-1416 (a) (1)) for the campus.

#### **1.1 QUALIFICATIONS AND EVALUATION CRITERIA**

The Contractor(s) selected for an award will be the Contractor(s) who submits the most advantageous proposal to the University. The University of Arkansas at Pine Bluff is not bound to accept the lowest priced proposal if that proposal does not provide the "Best Value". The criteria for evaluation of qualified proposals, and selection of the successful Contractor(s) for this award, will be based on the factors listed below (see proposal evaluation forms attached as part of the Proposal Form). Each criterion should be on a separate page, numbered and titled as listed below. The University will evaluate Proposals submitted based on the criteria listed below. When responding to this RFP, firms must reply to each of the items set forth in Sections 3.2 through 3.8.

Note: All proposals must be typewritten in single spaced, size 11 Arial or Times New Roman font on standard 8 ½ x 11 paper (larger paper is permissible for charts, spreadsheets, etc.) with appropriated binding and tabs that index each section. Margins shall be set at 1" on all sides of the pages. Pages must be numbered. All responses to this RFP shall be organized in the same order as listed below in sections 3.2 through 3.8, and should be thorough, clear, concise, and avoid duplication of information.

**The maximum number of pages to be submitted is twenty-five (25).**

#### **1.2 CONTRACTOR'S CAPABILITIES (MAXIMUM OF 25 POINTS)**

1. Submit three (3) asphalt, concrete, or pavement completed projects within the last year from another commercial corporation, state agency or another higher education institution.
2. The following information should be provided for each project:
  - A brief description of the work including the location, please be specific as to building name/address, etc.
  - The Owners name and contact information.
  - Budget information showing initial and final contract values.
  - List all change orders, including high-level scopes (e.g. changed condition);

**1 . 2 . 1** The University of Arkansas at Pine Bluff is looking for a Job Order Contractor with a proven track-record of effectively and efficiently managing multiple small projects with individual schedules and locations

- 1 . Please use the contracts you listed above and describe your business management procedures, approach, or similar that allows your firm to successfully manage numerous small projects at once.
  2. List 2-5 best practices.
-

### 1.3 REFERENCES (MAXIMUM OF 10 POINTS)

1. List three (3) references of current and past companies (**See Technical Response Package**)
2. Provide three (3) letters of recommendation from other commercial corporations, another state agencies, or a higher education institution.

### 1.4 CONTRACTOR MANAGEMENT AND PERSONNEL CAPABILITIES (MAXIMUM OF 25 POINTS)

1. Provide a comprehensive overview of quality control personnel, including plans, standards, deficiency, management, punch out list procedures, emergency protocols, and contingency strategies to ensure seamless operations within our active educational environment.
2. Organization Chart for the proposed staffing for this JOC Contract
3. Examples of project management reports, close-out documents, submittal procedures and safety reporting.
4. List any certifications, professional membership, and licenses that key personnel hold that are relevant to this project

### 1.5 SAFETY (MAXIMUM OF 10 POINTS)

1. One page or less:
  - Describe your company's approach to the prevention of accidents and injuries on small projects?
  - What safety responsibilities are employees expected to uphold in your company?
  - In what ways does your company involve employees in maintaining project safety?
  - Provide an example of a site-specific safety plan implemented on a project within the past year.

### 1.6 CONTRACTOR'S COST & MARK-UP PERCENTAGE (MAXIMUM OF 50 POINTS)

Contractor's Cost (**Technical Response Package**) (25 points)

- ✓ This should be your charge for each job that is listed

Contractor's proposed mark-up (**Technical Response Package**). (25 points)

- ✓ The percentage for mark-up shall include all overhead costs, general administrative costs, profit and all other costs not covered by RS Means Bare Cost Data and shall compensate the contractor to complete the work in accordance with the terms of the JOC Contract awarded under this solicitation.

### 1.7 INTERVIEW (MAXIMUM OF 30 POINTS)

**The University may also opt to do oral interviews which if done, interviews points will be eliminated from the evaluation criteria.**

Should your firm be invited to an interview, questions will be directed solely to the proposed key project staff. At a minimum, the following key individuals responsible for JOC services shall attend the corporate executive to be dedicated to the JOC Contract; the project manager; the facilities director.

In an email from the University, the selected firms will be provided with detailed information regarding the content of the interview. However, generally, the interview will consist of the following elements:

- ✓ a presentation regarding a hypothetical project scenario; and
- ✓ questions to be responded to at the interview.

The total interview time will be 30 minutes, broken down as follows:

- ✓ 15 minutes for the firm's presentation
- ✓ 15 minutes for questions and answers

Interview: the interview criteria and their associated maximum points are as follows:

- ✓ Presentation: **15 points**
-

- ✓ Response to questions: **10 points**
  - ✓ Quality of overall interaction between team members and with the University: **5 points**
- Subtotal: 30 points

## 1.8 EVALUATION CRITERIA

The Proposal criteria and their associated maximum points are as follows:

Section	Points
<b>Contractor's Capabilities</b>	25
<b>References</b>	10
<b>Contract Management and Personnel Capabilities</b>	25
<b>Safety</b>	10
<b>Interview</b>	30
<b>Subtotal (RFP Responses)</b>	<b>100</b>
<b>Cost &amp; Mark-Up Percentage</b>	50
<b>Total Points</b>	<b>150</b>

- ✓ Presentation: **15 points**
- ✓ Response to questions: **10 points**

## **SECTION 4 – COSTING SECTION** **(Rate Categories)**

Listed below are rate categories (Classification). Failure to put a rate in each category may cause your bid to be rejected from further consideration. UAPB may opt to adjust any unknown rates or difficult to assess rates with documentation if we deem appropriate to do so with the successful contractor.

<b>SECTION 1</b>		
<b>CLASSIFICATION</b>	<b>RATE/COST</b>	<b>UNIT</b>
<b>Small asphalt/paving job</b> • Dimensions – 100 tons or less	\$	Job Estimate
<b>Medium asphalt/paving job</b> • Dimensions 100-500 tons	\$	Job Estimate
<b>Large asphalt/paving job</b> • Dimensions 500-1,000 tons	\$	Job Estimate
<b>Extra large – Asphalt Paving</b> • Dimensions 1,000 tons or more	\$	Job Estimate
<b>Undercut of unsuitable materials as determined by a soils engineer</b>	\$	Cubic Yard
<b>Removal of rocks as determined by a soils engineer</b>	\$	Cubic Yard
<b>Preparing base including gravel</b>	\$	Square Foot
<b>Traffic Markings, acrylic waterborne, (white or yellow), 4” wide Note: \$/lf (much cheaper)</b>	\$	
<b>Traffic Markings, thermoplastic, (white or yellow), 4” wide Note: \$/lf (expensive but last much longer)</b>	\$	
<b>Traffic Markings, arrows</b>	\$	
<b>Overlay of existing, milling perimeter</b>	\$	Square Yard
<b>Overlay of existing, 1” wear course</b>	\$	Square Yard
<b>Patching pot holes</b>	\$	Hourly Rate
<b>Utility Crossing</b>	\$	

List below any other classifications and rates you would charge that would apply to the following.

CLASSIFICATION	RATE/COST	UNIT
Dirt Hauling and Spreading	\$	Yard
Gravel Hauling and Spreading	\$	Yard
SB2 Hauling and Spreading	\$	Yard
Fly Ash Hauling and Spreading	\$	Yard
<b>GRAND TOTAL SECTION 5</b>	\$	

**NOTE CAREFULLY:**

In compliance with Act 1476 of 2003 (Regarding Job Order Contracting), all hourly rate/cost increase for any classification and/or percentage of increases to rates over subsequent years are “prohibitive”. In order to continue with any annual renewals the rates listed herein must be firm and fixed for the entire contract period and any/ annual extensions.

Please “disregard” any references to hourly rate increase per classifications which may appear in this document.

**NOTE:** The hourly “rate bid” shall include all labor, tools, travel, trucks, and applicable taxes.

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## 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:

SUBCONTRACTOR NAME:

☐ Yes ☐ No

IS THIS FOR:

TAXPAYER ID NAME:

☐ Goods?

☐ Services? ☐ Both?

YOUR LAST NAME:

FIRST NAME:

M.I.:

ADDRESS:

CITY:

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:**

### FOR INDIVIDUALS \*

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.]	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☐ None of the above applies

### FOR AN ENTITY (BUSINESS) \*

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?	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%) Position of Control
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 \_\_\_\_\_ Contact Phone No. \_\_\_\_\_ Contract or Grant No. \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your 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	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check 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 <b>not</b> 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. <input type="checkbox"/> Other (see instructions) ► _____	
	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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

### 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.

**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.

Social security number									
or									
Employer identification number									

### 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](http://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.*





## COMBINED CERTIFICATIONS FOR CONTRACTING WITH THE STATE OF ARKANSAS

Pursuant to Arkansas law, a vendor must certify as specified below and as designated by the applicable laws.

1. **Israel Boycott Restriction:** For contracts valued at \$1,000 or greater.  
A public entity shall not contract with a person or company (the "Contractor") unless the Contractor certifies in writing that the Contractor is not currently engaged in a boycott of Israel. If at any time after signing this certification the Contractor decides to boycott Israel, the Contractor must notify the contracting public entity in writing. See Arkansas Code Annotated §25-1-503.
2. **Illegal Immigrant Restriction:** For contracts valued at \$25,000 or greater.  
No state agency may contract for services with a Contractor who knowingly employs or contracts with an illegal immigrant. The Contractor shall certify that it does not knowingly employ, or contract with, illegal immigrants. See Arkansas Code Annotated §19-11-105.
3. **Energy, Fossil Fuel, Firearms, and Ammunition Industries Boycott Restriction:** For contracts valued at \$75,000 or greater.  
A public entity shall not contract unless the contract includes a written certification that the Contractor is not currently engaged in and agrees not to engage in, a boycott of an Energy, Fossil Fuel, Firearms, or Ammunition Industry for the duration of the contract. See Arkansas Code Annotated § 25-1-1102.
4. **Scrutinized Company Restriction:** Required with bid or proposal submission.  
A state agency shall not contract with a Scrutinized Company or a company that employs a Scrutinized Company as a subcontractor. A Scrutinized Company is a company owned in whole or with a majority ownership by the government of the People's Republic of China. A state agency shall require a company that submits a bid or proposal for a contract to certify that it is not a Scrutinized Company and does not employ a Scrutinized Company as a subcontractor. See Arkansas Code Annotated § 25-1-1203.

By signing this form, the Contractor agrees and certifies they are not a Scrutinized Company and they do not currently and shall not for the aggregate term of any resultant contract:

- Boycott Israel.
- Knowingly employ or contract with illegal immigrants.
- Boycott Energy, Fossil Fuel, Firearms, or Ammunition Industries.
- Employ a Scrutinized Company as a subcontractor.

Contract Number: \_\_\_\_\_ Description: \_\_\_\_\_

Agency Name: University of Arkansas at Pine Bluff

Vendor Number: \_\_\_\_\_ Vendor Name: \_\_\_\_\_

\_\_\_\_\_  
Vendor Signature

\_\_\_\_\_  
Date