UNIVERSITY of ARKANSAS AT PINE BLUFF 1873

BID RESPONSE PACKET

UAPB A228

SCANNING ELECTRON MICROSCOPE WITH EDS

BID SIGNATURE PAGE

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:					
Address:					
City:		State:		Zip Code:	
Business Designation:	☐ Individual ☐ Partnership	☐ Sole Proprietorship ☐ Corporation		☐ Public Service Corp ☐ Nonprofit	

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 not 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.

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 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 ("0R 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 only bid on the specified brand, and 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

Brand names listed are for "specification only" not as a statement of preference.

UAPB SPECIFICATIONS IFB # UAPB A228

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: INVITATION FOR BID- SCANNING ELECTRON MICROSCOPE WITH EDS

Bid Number: **UAPB A228**

Bid Open: **Tuesday, September 22, 2026 @ 9:00 A.M.**

Submitted By

Company Name: _____

Contact Name: _____

Telephone: _____

Contact and Delivery Information Contact

lewisal@uapb.edu

870.575.8736

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

OFFICIAL BID PRICE SHEET

ITEM	DESCRIPTION	QTY	UNIT OF MEASURE	UNIT PRICE	EXTENDED AMOUNT
Example	*Vacuum Cleaner* *Brand Bid: _____* *Model Bid: _____*	*2*	*each*		
1.	Field Emission Scanning Electron Microscope (FE-SEM) with Variable Pressure capability	1			
2.	Accelerating voltage range of 0.02 kV to 30 kV minimum	1			
3.	Resolution of 0.9 nm or better at 15 kV and 1.3 nm or better at 1 kV in high-vacuum mode	1			
4.	Variable pressure resolution of 2.0 nm or better at 30 kV	1			
5.	Schottky field emission electron source or equivalent	1			
6.	Five-axis motorized stage with minimum travel: X 140 mm, Y 130 mm, Z 100 mm, Tilt -20° to +90°, Rotation 360° continuous	1			
7.	Secondary Electron (SE) detector	1			
8.	Backscattered Electron (BSE) detector	1			
9.	Variable Pressure Secondary Electron Detector (VPSE)	1			
10.	Chamber navigation camera	1			
11.	Large specimen chamber with multiple detector ports for EDS and future analytical accessories	1			

12.	Digital image acquisition with resolution up to 32,768 × 24,576 pixels minimum	1			
13.	Automated focus, stigmation, brightness, and contrast adjustment	1			
14.	Integrated EDS detector with minimum 65 mm^2 active area	1			
15.	EDS software capable of elemental identification, quantitative analysis, elemental mapping, drift correction, background removal, and peak overlap correction	1			
16.	Dual-monitor workstation with microscope control software included	1			
17.	Remote monitoring and diagnostic capability				
18.	Oil-free vacuum pumping system				
19.	Water chiller and air compressor required for system operation				
20.	Installation, calibration, testing, and commissioning				
21.	On Site Training	3 days			
22.	Software Licenses				
23.	Operations Manual and Operator				
24.	Warranty- Parts & labor				
25.	Shipping				

GRAND TOTAL $_____

Note: Contractor will be fully responsible for arranging inside delivery of this merchandise into UAPB's Warehouse or otherwise designated location.

NOTE: ALL COST FOR WHICH THE UNIVERSITY WILL BE BILLED MUST BE INCLUDED IN YOUR BID PRICE (commodity, freight, handling, and other transportation). DO NOT INCLUDE TAXES (state or local) if you are an Arkansas vendor. You must add it to your invoice if you are the successful Contractor. For your information, our current tax rate is 9.375%. If you are an out-of-state vendor, you may do the same or we will calculate it in our USE TAX report

UNIVERSITY OF ARKANSAS AT PINE BLUFF

SPECIFICATION SHEET

Mandatory Requirement for: Scanning Electron Microscope with EDS

What is the name of the brand you are bidding _____?

(Whether bidding as specified or an alternate, you must complete the check list below.)

Failure to respond to each item below will be cause for bid rejection. If your specifications are less than, you must explain the specifications in the comment section.

Please Note: The brand name is listed as a specification, not a statement of preference. Alternate brands meeting these specifications shall be considered as an equal if accompanied with a brochure indicating specification and performance requirements.

Specifications:	**Equal To**	**Less Than**	**Exceeds**	**Comments**
One (1) Field Emission Scanning Electron Microscope (FE-SEM) with Variable Pressure capability				
Accelerating voltage range of 0.02 kV to 30 kV minimum				
Resolution of 0.9 nm or better at 15 kV and 1.3 nm or better at 1 kV in high-vacuum mode				
Variable pressure resolution of 2.0 nm or better at 30 kV				
Schottky field emission electron source or equivalent				
Five-axis motorized stage with minimum travel: X 140 mm, Y 130 mm, Z 100 mm, Tilt -20° to +90°, Rotation 360° continuous				
Secondary Electron (SE) detector				
Backscattered Electron (BSE) detector				

Variable Pressure Secondary Electron Detector (VPSE)				
Chamber navigation camera				
Large specimen chamber with multiple detector ports for EDS and future analytical accessories				
Digital image acquisition with resolution up to 32,768 × 24,576 pixels minimum				
Automated focus, stigmation, brightness, and contrast adjustment				
Integrated EDS detector with minimum 65 mm^2 active area				
EDS software capable of elemental identification, quantitative analysis, elemental mapping, drift correction, background removal, and peak overlap correction				
Dual-monitor workstation with microscope control software included				
Remote monitoring and diagnostic capability				
Oil-free vacuum pumping system				
Water chiller and air compressor required for system operation				
Installation, calibration, testing, and commissioning				
Minimum three (3) days on-site operator and application training				
Operator manuals and documentation				
Minimum one-year manufacturer warranty on parts and labor				

Software Licenses - included				
Warranty- Parts & Labor				
Shipping & set up				
Deliver To: UAPB Warehouse 1200 North University Drive Hazzard Gym/Annex Building Pine Bluff, Arkansas 71601				

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

Request for Taxpayer Identification Number and Certification

▶ Go to *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 **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: 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 **not** 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.

☐ 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) _____

(Applies to accounts maintained outside the U.S.)

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*.

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.*

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

SUBCONTRACTOR NAME:

TAXPAYER ID NAME:

IS THIS FOR: ☐ 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._____

UNIVERSITY of ARKANSAS AT PINE BLUFF 1873

Office of Procurement

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

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Office: (870) 575-8735 · Fax: (870) 575-4647 · *www.uapb.edu*
UAPB is an Equal Opportunity/Affirmative Action Institution