



State of Arkansas  
ARKANSAS DEPARTMENT OF HEALTH  
4815 West Markham  
Little Rock, Arkansas 72205

***TECHNICAL PROPOSAL PACKET***  
***DH-18-0004***

## PROPOSAL SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:					
Address:					
City:		State:		Zip Code:	
Business Designation:	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Individual  <input type="checkbox"/> Partnership                 </div> <div> <input type="checkbox"/> Sole Proprietorship  <input type="checkbox"/> Corporation                 </div> <div> <input type="checkbox"/> Public Service Corp  <input type="checkbox"/> Nonprofit                 </div> </div>				
Minority and Women-Owned Designation*:	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Not Applicable  <input type="checkbox"/> African American                 </div> <div> <input type="checkbox"/> American Indian  <input type="checkbox"/> Hispanic American                 </div> <div> <input type="checkbox"/> Asian American  <input type="checkbox"/> Pacific Islander American                 </div> <div> <input type="checkbox"/> Service Disabled Veteran  <input type="checkbox"/> Women-Owned                 </div> </div>				
	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 shall 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 proposal to be disqualified.**

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
*Use Ink Only.*

Printed/Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_

## **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.

	Maximum RAW Score Available
<b>E.1 EXPERIENCE</b>	
1. Describe your knowledge and experience with the Arkansas Trauma System in the following areas:	
a. Trauma Services	5 Points
b. Rules & Regulations	5 Points
c. Trauma Patient Care	5 Points
d. Best Medical Practices	5 Points
e. Trauma Education	5 Points
2. Describe your role in the Trauma Regional Advisory Council and any other leadership capacity within the facility in which you are trauma medical director.	5 Points
<b>E.2 APPROACH &amp; METHODOLOGY</b>	
1. Describe your approach to coordinate time between active surgical practice and time commitment required from services outlined in this RFP?	5 Points
2. Provide a work plan including your methodology and approach towards improving the Arkansas Trauma System.	5 Points
3. Explain the manner in which you will monitor progress.	5 Points

## **ADDITIONAL AGREEMENT AND COMPLIANCE**

### **A. DISCLOSURE OF LITIGATION**

1. Vendor **must** include in its proposal a complete disclosure of any civil or criminal litigation or indictment involving such Vendor, and the Vendor **must** also disclose any civil or criminal litigation or indictment involving any of its joint ventures, strategic partners, prime contractor team members, and subcontractors.
2. This disclosure requirement is a continuing obligation, and any litigation commenced after a Vendor has submitted a proposal under this RFP **must** be disclosed to the ADH in writing within five (5) days after the litigation is commenced.

### **B. CONFLICT OF INTEREST/LITIGATION**

1. Vendor **shall** provide information on any conflict of interest with the products and goals of ADH services that could result from other projects in which the Vendor is involved.
2. Failure to disclose any such conflict may be cause for Contract termination or disqualification of the response.