



RFP RESPONSE PACKET

Bid # UAPB A144

JOB Order Contract: PLUMBING

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: _____

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 A144

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: PLUMBING

Bid Number: UAPB RFP # UAPB A144

Bid Open: Wednesday, January 26, 2022 @ 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 _____

ACCEPTANCE OF REQUEST FOR PROPOSAL

PERFORMANCE SECURITY: Listed below is the name, address, and telephone number of the **Licensed Surety who is authorized to do business in Arkansas** which shall be used to furnish the required bonding if selected as a **Successful Contractor**.

FIRM NAME _____

CONTACT PERSON _____

ADDRESS _____

City

State

Zip code

TELEPHONE NO. (_____) _____

FAX NO. (_____) _____

CIRCLE BELOW the current **AM BEST INSURANCE KEY RATING** of the Surety that will be used to furnish the required **Performance Security** indicated above. The bidder should consult the surety if uncertain of the surety's insurance key rating. Any insurance key rating lower than "**A**" **shall be unacceptable**.

" A + " o r " A "

The successful bidder must list the information below on the Performance and Bid Bond exact wording – "**Board of Trustees of the University of Arkansas**" as the obligee, hereinafter referred as Owner.

Acceptance of Request for Proposal

INSURANCE: Listed below is the name, address and telephone number of the **Arkansas Insurance Company** that shall be used to furnish the required levels of insurance coverage if selected as **Successful Contractor**.

FIRM NAME			
CONTRACT PERSON			
ADDRESS			
	City	State	Zip Code

TELEPHONE NO. (____)_____

FAX NO. () _____

Whoever knowingly and willfully makes false, fictitious, or fraudulent representation may be liable to criminal prosecution.

I/We do hereby declare that I/We have carefully examined the **Request for Proposal**, having personally inspected the sites and have a clear understanding of the same. I/We do hereby propose to provide the necessary labor, equipment materials, and other means of service as specified in this **RFP**. I/We do hereby agree to maintain and complete, in a thoroughly professional manner, the proposed service according to the terms and conditions specified in this **RFP**.

Signature to this Request for Proposal shall be construed as acceptance of this RFP in its entirety and must be signed by an officer authorized to bind contractor's firm in resultant contract.

SIGNED BY _____

TITLE _____

FIRM NAME

ADDRESS

CITY	STATE	ZIP CODE
------	-------	----------

TELEPHONE NO. ()

FAX NO. ()

E-MAIL

**SECTION 00410
PROPOSAL FORM**

**READ AND COMPLETE ALL SECTIONS WHERE NECESSARY AND RETURN
WITH YOUR PROPOSAL RESPONSE PACKAGE**

Bid Time: See Cover of Document
Bid Date: See Cover of Document
Location: See Cover of Document

PROPOSAL FROM:

PROPOSAL TO: University of Arkansas Board of Trustees acting for and on behalf
of the University of Arkansas at Pine Bluff.

PROJECT: **PLUMBING WORK**

Gentlemen:

1. Having carefully examine the Contract Documents for this project, as well as the premises and all conditions affection the proposed construction, the undersigned proposes to provide all labor, materials, services, taxes and equipment necessary for, or incidental to, the construction of an assigned project in accordance with the Contract Documents within the time set forth in each Job Order, for the compensation as determined by the method set forth hereinbefore in Section 00310.
2. The undersigned, as Proposer declares that the only person or parties interested in this proposal as principals are those named herein; that this proposal is made, without collusion with any other person, firm, corporation; that the Proposer has carefully examined the form of contract, instructions to Proposers for the proposed work; and agrees that the Proposer will provide all the necessary machinery, tools, apparatus, and other means of construction, and will do all the work and furnish all materials called for in the contract, specifications and drawings, in the manner prescribed therein and according to the requirements of the Owner's Representative, or Architect or Engineer therein set forth.
3. It is further agreed that the quantifies of work to be done and materials to be furnished may be increased or diminished as may be considered necessary in the opinion of the Architect, Engineer or Owner's Representative, to complete the work fully as planned and contemplated. Adjustment for changes in work will be in accordance with the JOC Execution Guide and other related documents.
4. Proposal amounts shall be shown in both words and figures. In case of discrepancies, the amount shown in words shall govern.
5. The Proposer acknowledges Ark. Code Ann. § 22-9-212 and intends to identify job specific costs for Trenching Safety Systems for each individual Job Order in accordance with the Job Order Contracting Execution Guide.
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 proposals and to waive any formality.
 - b. That if awarded the Contract, the undersigned will enter into an Agreement, on a form identical to the form included in the Contract Documents and execute required performance and payment bonds within 10 days after receipt of the Intent to Award each Job Order, and after receiving a specific Notice To Proceed for a specific Job Order will commence work within 5 days after conveyance of the

Notice to Proceed, and will complete the Contract fully within the time for completion as indicated. Should the undersigned fail to fully complete the work within the above stated time, he shall pay the Owner as fixed, agreed and liquidated damages, and not as a penalty, the sum set forth in each Job Order for each calendar day of delay until the work is completed or accepted.

- c. That this proposal may not be withdrawn for a period of 60 days after the proposal opening.
- d. The undersigned agrees to pay all prevailing hourly wage rates prescribed and mandated by Ark. Code Ann. § 22-9-301 et. Seq., and to pay all prevailing hourly wage rates mandated by the Davis-Bacon Wage Rates and any other applicable federal regulations.
- e. The Contractor will be selected to provide Job Order Contracting "on-call services" for a period of one year, with the option for the Owner to extend the contract for an additional year, provided the coefficient remains firm for each subsequent renewal period.
- f. Payment made for work performed will be based upon the method described in paragraph 9, hereinafter.

7. The following documents are attached to and made a condition of the Proposal.

1). Contractor's Statement of Qualifications and Work Plan.

- 1. Best Value Proposal Evaluation – **Contractor Capabilities** (respond to evaluation form attached in this section).
- 2. Best Value Proposal Evaluation – **Work Plan** (respond to evaluation form attached in this section).
- 3. Best Value **Cost Proposals** (see attached)

8. The undersigned acknowledges receipt of and inclusion as a part of the Contract Documents the following addenda:

No. _____ Dated _____

No. _____ Dated _____

No. _____ Dated _____

9. I/We the undersigned, having read the JOC Execution Guide General Conditions and Supplementary Conditions for the University of Arkansas at Pine Bluff Invitation to Propose, Instructions to Proposers, and all other sections of this Program Specifications Manual, hereby propose to furnish all labor, materials, equipment and everything else necessary to complete projects in accordance with the conditions contained herein.

10. Each Job Order Contract shall be based upon a single coefficient, unit price, indefinite-quantity, firm fixed price, contract to perform for the University Arkansas at Pine Bluff Facilities Management Department.

THE FOLLOWING MULTIPLIER IS TO BE USED WHEN PRICING WORK USING THE UNIT PRICE BOOK (UPB) METHOD (CURRENT ISSUE OF RS MEANS FACILITIES CONSTRUCTION COST DATA).

Coefficient (in words) _____ (in Figures) _____ shall be a multiplier applied to the "Total Incl. O&P" cost column in the Unit Price Book and not the "Bare Total" column. The "Total Incl. O&P" shall be adjusted for the City of Pine Bluff "weighted average" and not the national average value listed in the UPB. Coefficient shall be carried to two (2) decimal places only.

The performance and payment bonds, when required by this manual or the laws of Arkansas will be submitted with the executed contract if the proposal is accepted. The undersigned certifies that the bid coefficient contained in this proposal has been carefully checked and is submitted as correct and final. The undersigned agrees that he will not withdraw this proposal for a period of 60 calendar days.

BY SIGNATURE HERON, THE PROPOSER HEREBY CERTIFIES THAT HE IS NOT CURRENTLY DELINQUENT IN THE PAYMENT OF ANY FRANCHISE TAXES OWED THE STATE OF ARKANSAS. THE PROPOSER SHOULD ENTER HIS TAX ID NUMBER HERE _____. IN ACCORDANCE WITH THE ARKANSAS CONTRACTOR'S LICENSING, I CERTIFY BY SIGNATURE BELOW THAT WE WILL PROVIDE WORKERS' COMPENSATION INSURANCE COVERAGE FOR EACH EMPLOYEE OR SUBCONTRACTOR THAT WE WILL EMPLOY ON THE ABOVE NAMED PROJECT, AND WILL MAINTAIN SUCH COVERAGE FOR THE DURATION OF THE PROJECT. WE AGREE TO FURNISH,

**UPON REQUEST FOR OWNER, PROOF OF SUCH WORKERS' COMPENSATION INSURANCE
COVERAGE.**

**WE AGREE TO INDEMNIFY AND HOLD THE UNIVERSITY AND ITS EMPLOYEES HARMLESS FROM
ALL CLAIMS THAT MAY ARISE FROM OUR, ANY EMPLOYEE'S OR SUBCTONTRACTOR'S WORK ON
THIS PROJECT.**

Respectfully Submitted:

Name of Proposer (Typed or Printed)

Address

BY: _____
(Signature and Title)

() ()

Telephone Number Fax Number

Federal ID Number or Social Security Number

Current Contractor's Licenses Number below w/expiration date

_____/_____

License Classification or Category _____

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 _____

SECTION 3 – COSTING SECTION

List below your coefficient for this service _____

In compliance with Act 1476 of 2003 (Regarding Job Order Contracting), all hourly rate or co-efficient figures with increases for any classification and/or percentage of increases subsequent years are “prohibitive”. In order to continue with any annual renewals, the rates/Coefficient listed herein must be firm and fixed for the entire contract period and any annual extensions (up to four (4) years).

MATERIAL COSTS/MARK UP AND INVOICING

Contractor shall be fully responsible for all material cost related to each project awarded. As jobs are assigned the **material costs shall be calculated and included in the total price bid (not to be included in above rates) and shown on the JOB Order Estimate sheet.**

Material shall be calculated and provided y contractor at cost + tax + mark-up.

A copy of the material invoices shall accompany each payment request for audit file and Facilities Management Director’s review.

**What will be your percentage of markup on materials cost _____ %
(Fixed cost for contract periods)**

**What will be your cost for Insurance \$ _____
(fixed cost for contract periods)**

**What will be your cost for Performance Bonds \$ _____
(fixed cost for contract periods)**

This cost will be added on the Job Order Estimate Quote once you are assigned a project.

For projects over \$35,000 the contractor must be licensed by the Arkansas Contractor’s Licensing Board the day the project bids and/or is awarded.

What is your current Arkansas Contract’s License number? _____

Regarding Cost Calculations:

Cost represents 60% or 60 points. All bids will be governed by the following formula to determine the points to be assigned to each bidder.

The Contractor submitting the total lowest COEFFICIENT will receive the 60 points. Remaining bids shall receive points in accordance with the following formula:

$$a/(b*c) = d$$

a = total lowest COEFFICIENT bid

b = 2nd, 3rd, 4th, etc. higher COEFFICIENT

c = maximum points allowed for cost category

d = number of points allocated to bidder

TOTAL POSSIBLE POINTS ----- 60 POINTS

SECTION 4 – SELECTION CRITERIA

BEST VALUE PROPOSALS EVALUATION SHEET

Note: We will be rating you to the “right” as to how well you responded to Sections A, B, C (do not put scores in the section that reads “TOTAL POINTS GIVEN”).

Section A – Contactor’s Capabilities: (See details for requirements here)

Section B – Work Plan – We will be looking for a narrative as to how a hypothetical project will be carried out, to include services, procedures, etc. (see attached for requirements)

Section C – Costing (see attached for requirements)

Criteria

0-1 Minimally addressed requirements/2-3 Meets requirements/4 Exceeds Requirements.		Possible Points	Total Points Given
A.	CONTRACTOR CAPABILITIES : (20% of Total Points)		
1.	Experience: Complete list with scopes of work for plumbing projects with commercial corporations, government, and higher education clients. *Does the Proposer demonstrate experience with clients of similar size and scope?	0-4	
2.	References: Complete list with scopes of work for completed plumbing project (latest 3 year period). *Did the list provide sufficient detail to determine ability? Reference checks sheets and comments?	0-4	
3.	Years of experience (Minimum 3 – consecutive years): General information typically used (see verification sheets). *Experience relates to the amount of time in providing the service requirements, not necessarily the time the business has been in operation.	0-4	
4.	Project personnel qualifications: List of current subcontractors typically employed. *Were key personnel roles, responsibilities and resumes identified and provided? Does the organizational chart support the level of service required (number and type of crews, level of supervision)? Were subcontractor roles, responsibilities and qualifications explained in sufficient detail?	0-4	
5.	Professional membership , certifications, and licenses. Was information provided completed and current?	0-4	
Total Contractor Capability Points (add total to page 2)			

***Reference information provided on Contractor’s Qualification Statement Form**

BEST VALUE PROPOSALS EVALUATION SHEET

CONTRACTOR CAPABILITIES

Criteria

0-1 Minimally addressed requirements/2-3 Meets requirements/4 Exceeds Requirements.		Possible Points	Total Points Given
B.	WORK PLAN: (20% of Total Points)		
6.	Work Plan: Descriptive narrative sufficiently explaining how work will be performed, identities of staff, time lines, equipment and supplies procurement and development, subcontract supervision, strategies, reporting, overall quality of the work plan. Was this plan well organized and presented in a clear, concise and logical manner?	0-4	
7.	Services: Outline of sufficient detail as to contractor services provided in this proposal. Were services explained as to what and how services are to be provided and to what extent? Are additional services of value to the University being offered in this proposal?	0-4	
8.	Procedures: Outline and discussion of quality control personnel, plan, and standards; deficiency and punch list procedures, emergency procedures, and contingency plans for working around our ongoing educational operations (night, weekend, and intermitted scheduling). Did the Proposer reflect standards to be utilized for implementation policies or procedures and clearly outline and discuss extent?	0-4	
9.	Reporting and documentation: Examples of project management reports, close-out documents, as built procedures, shop drawings, submittal procedures, and safety reporting. Did the Proposer clearly and concisely explain their reporting and documentation capabilities and provide examples?	0-4	
10.	Acceptability: Was the work plan tailored to fit the University's operations? Did it provide sufficient detail and insight into our educational needs and mission? Were responsibilities clearly and explicitly defined and aligned with the JOC program requirements?	0-4	
SUMMARY A. CONTRACTOR'S CAPABILITY = 20 POINTS B. CONTRACTOR'S WORK PLAN= 20 POINTS C. COST: (60% OF TOTAL POINTS) = See Section 5 this document GRAND TOTAL WORKSHEET POINTS (A+B+C) =D		0-100	

APPENDIX A

This is the document that will be sent to the successful contractor as notification that the attached listing of documents/forms are needed to consummate a contract.

NOTE CAREFULLY:

This page will be completed and sent to the Contractor(s) once the final price for the project has been determined as reflected on the Job Order Estimators Sheet (**to be determined by the Contractor and the Facilities Management Director**). Once all the requested documents below are received by the Procurement Office they will be forwarded to the UA Systems Office for approval. **NO PROJECT SHALL PROCEED WITHOUT AN APPROVED PURCHASE ORDER.**

UNIVERSITY OF ARKANSAS AT PINE BLUFF PINE BLUFF, ARKANSAS 71601

NOTIFICATION OF INTENT TO AWARD

TO: _____
RE: _____
TOTAL AMOUNT \$ _____
DATE: _____

I am herein requesting the following documents by or before specified (date).

It is the intent of the University of Arkansas at Pine Bluff to enter into a contract with your company for the above mentioned project pending receipt of the following:

- **100% FILED PERFORMANCE BOND -**
YOU MUST HAVE YOUR INSURANCE USE THE ‘DATED’ FORM (attached) NO SUBSTITUTE FORM WILL BE ACCEPTABLE “before” it is filed at the Jefferson County Court House
 - Must be in the name of “The Board of Trustees of the University of Arkansas” (already stated on the form – must be exact wording)
 - Have your insurance company add the Power of Attorney page
 - You must take it to the Jefferson County Court house where they must **stamp “each” page.** THEY REQUIRE AN ORIGINAL AND SO DO WE. WE ADVISE YOU TAKE 2.
- **THE AGREEMENT FORM- (all three pages)**
Must complete the top of page #3 *with signature- we will get the signature of the Vice Pres. of Administration.*
- **ILLEGAL IMMIGRANT CERTIFICATION-** In compliance with Act 157 of 2007, each Contractor bidding over \$25,000 must certify on the Office of State Procurement’s web site www.transform.ar.gov/procurement/ that this company does not employ nor will employ illegal immigrants for this public works project.
- **CONTRACTORS GRANT AND DISCLOSURE** forms complete for Contractor and all other subs as well who are bidding over \$25,000.
- **CERTIFICATE OF INSURANCE-** We need a current insurance certificate. The Description of Operation must read (Certificate holder is named as additional Insured as respects General Liability Coverage.) The Certificate Holder must read (The Board of Trustees of the University of Arkansas, acting on behalf of the University of Arkansas at Pine Bluff.) Please do not include a project name. (See attached sample)
- **EQUAL OPPORTUNITY POLICY-** of your company regardless of the amount (we have a template if you do not already have one in place).
- **OTHER SUBCONTRACTOR INFORMATION PAGE-** Must list all other subs who you intend to use on this project.
- **BOYCOTT OF ISRAEL CERTIFICATION**

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: _____

Signature must be hand written, 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

► 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. <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) ► _____ 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. <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:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

ILLEGAL IMMIGRANT CERTIFICATION REQUIRED PRIOR TO AWARD

PROHIBITION AGAINST CONTRACTING WITH ILLEGAL IMMIGRANTS – Acts 157 of 2007.

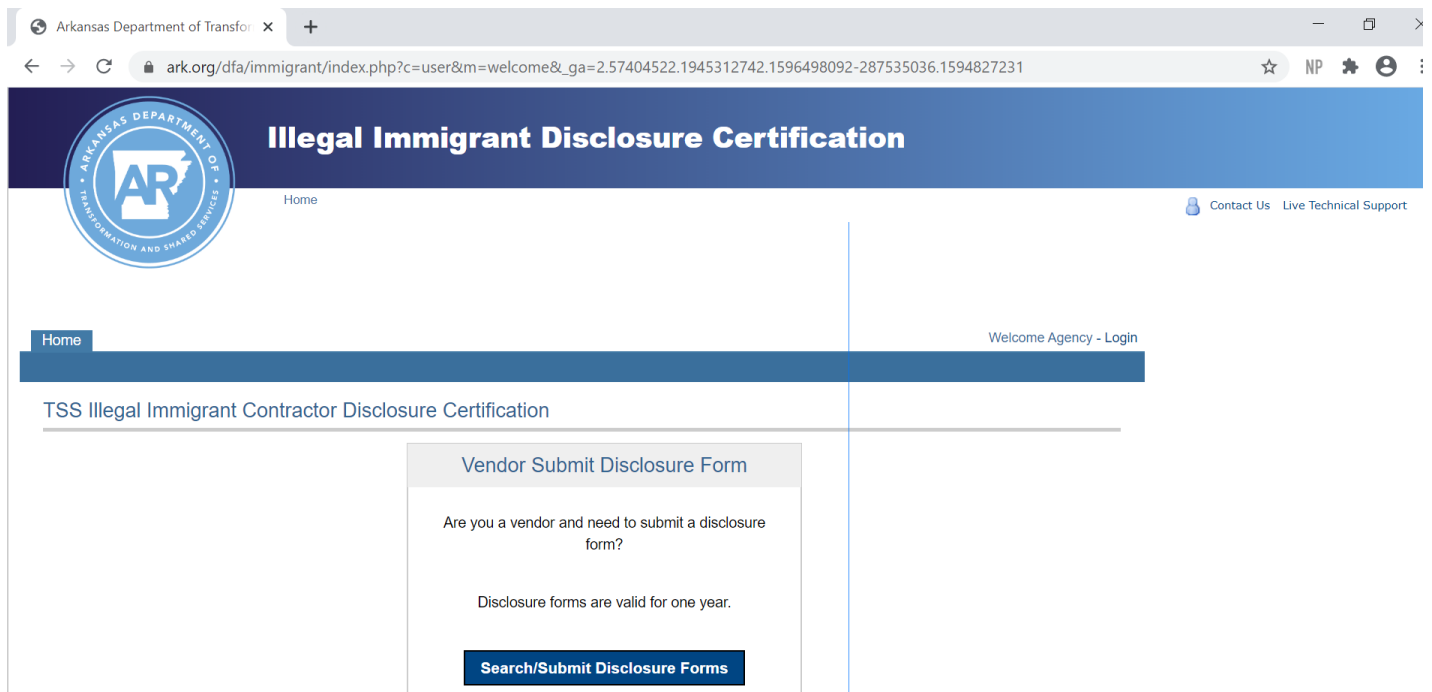
Regarding those contracts over \$25,000.00 – No state agency may enter into or renew a public contract with a contractor who knows that the contractor or a subcontractor employs or contracts with an illegal immigrant to perform work under the contract. Certification Required by Contractor prior to award 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 send to the UAPB Procurement Official. Certificate must be submitted prior to Purchase Order issue or Contract Award.



Arkansas Department of Transportation x +

ark.org/dfa/immigrant/index.php?c=user&m=welcome&_ga=2.57404522.1945312742.1596498092-287535036.1594827231

Home

Illegal Immigrant Disclosure Certification

Contact Us Live Technical Support

Home

Welcome Agency - Login

TSS Illegal Immigrant Contractor Disclosure Certification

Vendor Submit Disclosure Form

Are you a vendor and need to submit a disclosure form?

Disclosure forms are valid for one year.

Search/Submit Disclosure Forms