BID RESPONSE PACKET

S000000505

User Acceptance Testing

BID SIGNATURE PAGE

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:					
Address:					
City:		State:		Zip Code:	

PROSPECTIVE CONTRACTOR CONTACT INFORMATION *Provide contact information to be used for 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.

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, except for financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See the *Proprietary Information* section of the Solicitation.

REQUIRED CERTIFICATIONS

By signing and submitting a response to this Solicitation, Prospective Contractor represents, warrants, and certifies that they are not a Scrutinized Company and they do not currently and shall not for the aggregate term of a 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 contractor.

Prospective Contractor represents, warrants, and certifies that it shall not become a Scrutinized Company during the aggregate term of a contract resulting from this Solicitation. The Prospective Contractor further represents, warrants, and certifies in shall in all other respects comply with the laws, rules, and executive orders of the state that apply to the Contractor's performance during the aggregate term of a contract resulting from this Solicitation.

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 Solicitation may cause the Prospective Contractor's bid to be rejected.

Authorized Signature: Pradeep Santhapuri _____ **Title:** _____

Printed/Typed Name: _____ **Date:** _____

PROPOSED SUBCONTRACTORS FORM

Prospective Contractors **shall** complete the form for all subcontractors the Prospective Contractor proposes to use under a resulting contract (*Services Contract (SRV-1) Fillable Form*, section 14). If the Prospective Contractor does not intend to use subcontractor(s), Prospective Contractor should indicate so by checking the appropriate box.

Prospective Contractors should 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) under a resulting contract:

SUBCONTRACTOR'S COMPANY NAME	SERVICE PERFORMED	STREET ADDRESS	CITY, STATE, ZIP

☒ **Prospective Contractor does not propose to use subcontractors under a resulting contract.**

IFB REQUIREMENT ACKNOWLEDGEMENTS

Prospective Contractor represents, warrants, and certifies that:

- ☐ NO th Prospectiv Contractor s n t t e creat r f t e softwa e bei g tested
- ☐ Y S, he Prospect ve Contrac or as performe at l ast t ree (3) sim lar functi nal service for other state gove nment en ities ith n th pas fi e (5) years.
- ☒ ES, the Pro pective Co tracto has key er onnel o ssi n to th State' ac ount w o have at eas :

  Thre ( ) years of experie ce working n releva t projects suppo ting tate hu an servi e pr gr ms such a Medi aid, HI , SNAP, r T A.

  Fiv ( ) years f previous ex eri nce f AT work n a le st one (1) ligibility enga ement tha support d multi le benefit programs.

Authorized Signature: Pradeep Santhapuri **Title:** _____

Printed/Typed Name: _____ **Date:** _____

Official Solicitation Price Sheet
S000000505 User Acceptance Testing (UAT)
Arkansas Department of Human Services

Prospective Contractors Name: SPK Technologies Inc.

1 Prospective Contractor should enter name in the blue-shaded cell at the top labeled Prospective Contractor name.
2 Prospective Contractor shall enter responses in the blue-shaded cells only and shall not otherwise alter this sheet.
3 For Items 1-4 (Table 1), Prospective Contractor shall enter the "Cost Per Month" for each specified position required to be provided in the blue-shaded cells.
4 The total for each row 1-4 will automatically populate " Estimated Monthly Rate."
5 The total for Table 1 will automatically populate "Total Estimated Monthly Rate.
6 For Items 5-8 (Table 2), Prospective Contractor shall enter the "Cost Per Month" for each of the additional positions as requested in the blue-shaded cells.
7 The total for each row 5-8 will automatically populate "Estimated Monthly Rate."
8 If this price sheet does not allow for accurate pricing, Prospective Contractor should notify the OSP Procurement Specialist during the Clarification of Solicitation period.

Table 1: To be used in low-cost determination (See IFB Section 2.10 B)

Item	UAT Position	Cost Per Month	Estimated Number of Positions	Estimated Monthly Rate
1	UAT Manager	$11,662.00	1	[redacted]
2	UAT Lead	$10,391.80	3	[redacted]
3	UAT Tester	$9,629.58	35	[redacted]
4	UAT Bilingual (Spanish) Tester	$10,391.80	1	[redacted]
			Total Estimated Monthly Rate	[redacted]

Table 2: Not to be used in low-cost determination (See IFB Section 2.10 D)

Item	UAT Position	Cost Per Month	Estimated Number of Positions	Estimated Monthly Rate
5	Additional UAT Manager	[redacted]	1	[redacted]
6	Additional UAT Lead	[redacted]	1	[redacted]
7	Additional UAT Tester	[redacted]	1	[redacted]
8	Additional Bilingual (Spanish) Tester	[redacted]	1	[redacted]

SPK Technologies Inc

SPK TECHNOLOGIES INC- Equal Employment Opportunity Policy

SPK Technologies Inc. is committed to providing equal employment opportunities to all employees and applicants and to maintaining a workplace free from unlawful discrimination and harassment.

It is the policy of SPK Technologies Inc. to recruit, hire, train, promote, compensate, and administer all personnel actions without regard to race, color, religion, sex, pregnancy, sexual orientation, gender identity, national origin, age, disability, genetic information, veteran status, or any other characteristic protected by applicable federal, state, or local law.

SPK Technologies Inc. prohibits discrimination and harassment in all aspects of employment, including but not limited to:

- Recruitment and hiring
- Compensation and benefits
- Training and professional development
- Promotions and transfers
- Discipline and termination
- Any other terms and conditions of employment.

The Company is committed to maintaining a work environment in which all individuals are treated with dignity and respect. Employees are expected to conduct themselves in a professional manner and to refrain from discriminatory or harassing behavior.

Any employee who believes they have been subjected to discrimination, harassment, or retaliation should promptly report the matter to management or Human Resources. All complaints will be investigated promptly and thoroughly. Retaliation against any individual who reports discrimination or participates in an investigation is strictly prohibited.

SPK Technologies Inc. will comply with all applicable federal, state, and local equal employment opportunity laws and regulations and will take affirmative steps to ensure equal opportunity in employment practices.

This Equal Employment Opportunity Policy applies to all employees, applicants, contractors, and other individuals conducting business with or on behalf of SPK Technologies Inc.

Authorized Representative: _____

Name: _____

Title: _____

Date: _____

Official Solicitation Price Sheet
S000000505 User Acceptance Testing (UAT)
Arkansas Department of Human Services

Prospective Contractors Name: SPK Technologies Inc.

1 Prospective Contractor should enter name in the blue-shaded cell at the top labeled Prospective Contractor name.
2 Prospective Contractor shall enter responses in the blue-shaded cells only and shall not otherwise alter this sheet.
3 For Items 1-4 (Table 1), Prospective Contractor shall enter the "Cost Per Month" for each specified position required to be provided in the blue-shaded cells.
4 The total for each row 1-4 will automatically populate " Estimated Monthly Rate."
5 The total for Table 1 will automatically populate "Total Estimated Monthly Rate.
6 For Items 5-8 (Table 2), Prospective Contractor shall enter the "Cost Per Month" for each of the additional positions as requested in the blue-shaded cells.
7 The total for each row 5-8 will automatically populate "Estimated Monthly Rate."
8 If this price sheet does not allow for accurate pricing, Prospective Contractor should notify the OSP Procurement Specialist during the Clarification of Solicitation period.

Table 1: To be used in low-cost determination (See IFB Section 2.10 B)

Item	UAT Position	Cost Per Month	Estimated Number of Positions	Estimated Monthly Rate
1	UAT Manager	$11,662.00	1	$11,662.00
2	UAT Lead	$10,391.80	3	$31,175.40
3	UAT Tester	$9,629.58	35	$337,035.30
4	UAT Bilingual (Spanish) Tester	$10,391.80	1	$10,391.80
			Total Estimated Monthly Rate	**$390,264.50**

Table 2: Not to be used in low-cost determination (See IFB Section 2.10 D)

Item	UAT Position	Cost Per Month	Estimated Number of Positions	Estimated Monthly Rate
5	Additional UAT Manager	$11,662.00	1	$11,662.00
6	Additional UAT Lead	$10,391.80	1	$10,391.80
7	Additional UAT Tester	$9,629.58	1	$9,629.58
8	Additional Bilingual (Spanish) Tester	$10,391.80	1	$10,391.80

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**

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 Pradeep Santhapuri 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._____

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