

BID RESPONSE PACKET
710-20-0026

BID SIGNATURE PAGE

Type or Print the following information.


PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Kid-Scan LLC DBA Print Scan, LLC			
Address:	21 Pulaski Road			
City:	Kings Park	State:	NY	Zip Code: 11754
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit			
Minority and Women-Owned Designation*:	<input checked="" 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 Minority and Women-Owned Business Policy				

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for bid solicitation related matters.			
Contact Person:	Shirley Fong	Title:	Regional Director
Phone:	646-683-7740	Alternate Phone:	631-782-1700
Email:	sfong@printscan.com		

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" 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 checked="" 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 disqualified:**


Authorized Signature:  Title: Vice President
Use Ink Only.

Printed/Typed Name: Kristen Gerakaris Date: 02/28/2020

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.


By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	Kid-Scan LLC DBA Print Scan, LLC	Date:	02/28/2020
Signature:		Title:	Vice President
Printed Name:	Kristen Gerakaris		

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.


By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	Kid-Scan LLC DBA Print Scan, LLC	Date:	02/28/2020
Signature:		Title:	Vice President
Printed Name:	Kristen Gerakaris		

SECTION 3 - VENDOR AGREEMENT AND COMPLIANCE

- *Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.*


By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	Kid-Scan LLC DBA Print Scan, LLC	Date:	02/28/2020
Signature:		Title:	Vice President
Printed Name:	Kristen Gerakaris		

SECTION 4 - VENDOR AGREEMENT AND COMPLIANCE

- *Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.*

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	Kid-Scan LLC DBA Print Scan, LLC	Date:	02/28/2020
Signature:		Title:	Vice President
Printed Name:	Kristen Gerakaris		

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.**

By signature below, vendor agrees to and **shall** fully comply with all Requirements related to subcontractors as shown in the bid solicitation.

Vendor Name:	Kid-Scan LLC DBA Print Scan, LLC	Date:	02/28/2020
Signature:		Title:	Vice President
Printed Name:	Kristen Gerakaris		

Contract Number 710-20-0026
Attachment Number EO 98-04 Disclosure

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 NAME:

☐ Yes ☒ No

IS THIS FOR:

Goods? ☐ Services? ☒ Both? ☐

TAXPAYER ID NAME: Kid-Scan LLC dba Print Scan, LLC

YOUR LAST NAME: Van Schuyler FIRST NAME: Thomas

M.I.:

ADDRESS: 21 Pulaski Road

CITY: Kings Park

STATE: NY ZIP CODE: 11754

COUNTRY: US

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.]	Relation
	Current	Former		From MM/YY	To MM/YY		
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 Kristen Gerakaris Title Vice President Date 02/28/2020
Vendor Contact Person Kristen Gerakaris Title Vice President Phone No. (631) 782-1700

Agency use only
Agency 0710 Agency Name Department of Human Services Agency Contact Person Contact Phone No. Contract or Grant No.



EQUAL EMPLOYMENT OPPORTUNITY

Print Scan seeks to provide equal employment opportunities to all employees and applicants for employment without regard to race, color, creed, religion, gender, sexual orientation, marital status, national origin, age, disability or other protected status. The Company fully complies with all applicable Federal, State and local anti-discrimination laws.

All employees are encouraged to report any incident of unlawful discrimination to the Director of Operations. Upon receipt of the complaint, Print Scan will conduct a prompt investigation, and take appropriate, corrective action if warranted. The Company will endeavor to maintain confidentiality throughout the investigatory process to the extent practical and appropriate under the circumstances.

Print Scan will not tolerate or permit any employee to suffer retaliation of any kind or suffer any adverse employment action as a result of reporting a claim under this policy. Any employee who feels he or she has been subjected to any acts of retaliation should immediately report such conduct to the Director of Operations. Any person who retaliates against another individual for reporting any perceived acts of harassment will be subject to disciplinary action up to and including discharge.

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 1

TO: All Addressed Vendors
FROM: Chorsie Burns, Buyer
DATE: March 2, 2020
SUBJECT: 710-20-0026 LIVE SCAN FINGERPRINT CONFIGURATION

The following change(s) to the above referenced IFB have been made as designated below:

- ☒ Change of specification(s)
☐ Additional specification(s)
☐ Change of bid opening date and time
☐ Cancellation of bid
☐ Other-

CHANGE OF SPECIFICATION

Delete item 2.6 (A) 15 which reads as follows:

15. The Fingerprint Configuration **must** have the ability to bill any fees directly to DHS or require payment at time of fingerprint capture.

The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact Chorsie Burns at chorsie.burns@dhs.arkansas.gov or (501) 682-6327.

 3/2/2020
Vendor Signature Date

KID-SCAN LLC dba PrintScan
Company



**AMERICAN
BIOIDENTITY**

March 2, 2020

To Whom It May Concern,

I am writing to certify that Print Scan, LLC has been providing electronic and/or hard copy fingerprint services for background check purposes since 2014. Print Scan, LLC has successfully provided electronic fingerprint capture software and scanning devices to enable the live scan capture and transmittal of fingerprints.

The fingerprint capture systems and software can capture rolled and flat fingerprints that fully comply with the current Federal Bureau of Investigations (FBI) Integrated Automated Fingerprint Identification System (IAFIS) and FBI Criminal Justice Information Services (CJIS) security standards. We have successfully transmitted over 20,000 fingerprints since installation and continue to do so in compliance with National Institute of Standards and Technology (NIST) standards.

My experience with Print Scan, LLC has been very positive, and to the knowledge of this company has a history of timely and successful completion of the requirements. I would recommend Print Scan for their fingerprinting and background screening services.

If you have any questions or clarifications regarding Print Scan, please feel free to contact me through the contact details found below.

Sincerely,

A handwritten signature in black ink that reads "David Bradley".

David Bradley – General Manager

Colorado Fingerprinting

110 16th St 8th Floor

Denver CO 80202

Phone 720-292-272; Cell 720-299-8077

davidb@coloradofingerprinting.com

Inquiries Screening

Inquiries Screening
8707 Commerce Drive
Suite A
Easton, MD 21601

Date: February 24, 2020

To Whom It May Concern,

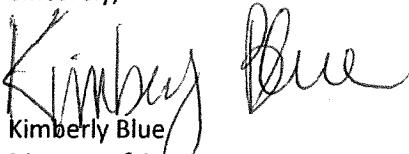
I am writing to endorse Print Scan, LLC, who has been providing live scan software for Inquiries Screening, as well as transmitting electronic fingerprint transactions to our agency since 2014. Print Scan, LLC has successfully provided electronic fingerprint capture software and scanning devices to enable the live scan capture and transmittal of fingerprints.

The fingerprint capture systems and software can capture rolled and flat fingerprints that fully comply with the current Federal Bureau of Investigations (FBI) Integrated Automated Fingerprint Identification System (IAFIS) and FBI Criminal Justice Information Services (CJIS) security standards. PrintScan has successfully transmitted over 100,000 fingerprint files and continue to do so in compliance with security standards.

My experience with Print Scan, LLC has been extremely positive, and to the knowledge of this company has a history of timely and successful completion of the requirements. I would recommend Print Scan for their fingerprinting services.

If you have any questions or clarifications regarding Print Scan, please feel free to contact me through the contact details found below.

Sincerely,



Kimberly Blue
Director of Government Services
8707 Commerce Drive
Easton, MD 21601
(877) 702-7107
kblue@inquiriescreening.com