Request for Qualifications – Notice to Architects **RFQ 25-04**

Henderson State University is soliciting responses from interested firms to provide professional services for the following project(s):

ON-CALL ARCHITECTURAL SERVICES

Written responses will be considered if received by 11:00 a.m. CST on Friday, February 3, 2025. Please include (1) digital and (1) hard copy of the responses. All respondents will be notified of the results by email.

Written responses shall include:

- 1) Current office size, personnel description, workload and all outside consultants to be used.
- 2) Projects currently under contract with state agencies and the ability to respond to problems on time. (Within 24 hours)
- 3) Similar project experience with providing on-call services to state agencies and university or college-level facilities.
- 4) Submit proof of current professional liability insurance coverage.
- 5) The firm must be licensed in the State of Arkansas.

The required services are to commence July 1, 2025 and unless terminated sooner, shall continue in force for an initial period of five (5) years with the option to extend for two one-year extensions, in accordance with the original terms of the contract upon mutual agreement in writing.

Professional Services Required: Funding and Program Review, Cost Estimating, Schematic Design, Design Development, Construction Documents, Bidding, and Construction and Administration Inspection and Project Closeout.

SELECTION CRITERIA AND PROCESS

The selection committee will review Statement of Qualifications documents and grade upon the following point criteria.

Selection Criteria

Prior similar experience in planning/design of a collaborative educational facility	25 pts
Demonstration of project cost containment	25 pts
Staff Resources, experience, and team qualifications	20 pts
Other factors, use of technology, understanding teaching methodologies	20 pts
Demonstration of site planning and design experience	10 pts

Address all responses to Lisa Glasco, Director of Procurement Services,

RFQ 25-04 On-Call Architectural Services,

Arkansas State University, P.O. Box 1860, State University, AR 72467. Iglasco@Astate.edu Physical address: 2713 Pawnee, Jonesboro, AR 72401

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

			, , , , , , , , , , , , , , , , , , , ,	ontract, lea	se, purchas	e agreement, or grant award with any Arkansas Sta	te Agency.		
SUBCONTRACTOR: SUBCONTRACTOR:	BCONTRACT	TOR NAME	:						
FAXPAYER ID NAME:			IS THIS FOR: Goods	?	□ Se	ervices? Both?			
OUR LAST NAME:			FIRST NAME:			M.I.:			
ADDRESS:									
CITY:			STATE:		ZIP COE	E:	COUNTRY:		
						A CONTRACT, LEASE, PURCHASE		<u>VT,</u>	
<u> OR GRANT AWARD WI</u>	<u>TH AN</u>	Y ARK	KANSAS STATE AGENCY	, THE F	<u>OLLOW</u>	ING INFORMATION MUST BE DISCL	OSED:		
			FOR	IND	IVII) U A L S *			
ndicate below if: you, your spous Member, or State Employee:	se or the l	brother, s	sister, parent, or child of you or your	spouse is	a current or	former: member of the General Assembly, Constitu	itional Officer, Sta	ate Board or Co	
Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of	For How Long?		What is the person(s) name and how are they related to [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, e			
	Current	Former	board/ commission, data entry, etc.]	From To MM/YY		Person's Name(s)		Relation	
General Assembly									
Constitutional Officer									
State Board or Commission Member									
State Employee									
None of the above appli	es								
			FOR AN E	NTIT	гу (Business) *			
Officer, State Board or Commission	on Membe	er, State	nt or former, hold any position of cor Employee, or the spouse, brother, seans the power to direct the purchas	ister, parer	nt, or child o	ship interest of 10% or greater in the entity: member of the General Assembly, Constitutional enthe management of the entity.	er of the General and Officer, State Bo	Assembly, Cons pard or Commis	
Position Held	Mar	rk (√)	Name of Position of Job Held	For Ho	w Long?	What is the person(s) name and what is his/her what is his/her position of		nterest and/or	
1 03111011 11610	Current	Former	[senator, representative, name of board/commission, data entry, etc.]	From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control	
General Assembly									
Constitutional Officer								<u> </u>	
	1	1							
State Board or Commission Member									

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 unde		<u> </u>	of the above information is true and correct and
Signature		Title	Date
Vendor Contact Person		Title	Phone No
Agency use only Agency Number	Agency Name	Agency Contact Person	Contact Contract Phone No or Grant No

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. Minority Business Policy: It is the policy of the State of Arkansas and this University that Minority Business enterprises shall have the maximum opportunity to participate in the State Procurement process. Therefore, the University encourages all minority businesses to compete for, win, and receive contracts for goods, services, and construction. Also, the State encourages all companies to subcontract portions of any state contract to Minority Business Enterprises. If contractors are unable to include minority owned businesses as subcontractors, they may explain the circumstances preventing minority exclusion. MINORITY PURCHASING REPORTING: The Minority Business Economic Development Act defines a "Minority" as a lawful permanent resident of this state who is: (A)African American; (B) Hispanic American; (C) American Indian; (D) Asian American; or (E) Pacific Islander American; (F) A service-disabled veteran as designated by the United States Department of Veterans For Veterans Affairs; (G) "Women-owned business enterprise" means a business that is at least fifty-one percent (51%) permanent residents of this state. For purchasing records and informational purposes only, pursuant to 15-4-312 (State Agency Reports) please designate below if you, as an individual, or as a company 51% (minority owned) qualify as being a minority business.
 - 2. **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.
 - 3. Illegal Immigrant Restriction: For contracts valued at \$25,000 or greater. No state agency may contract for services with a Contractor who employs or contracts with an illegal immigrant. The Contractor shall certify that it does not employ, or contract with, illegal immigrants. See Arkansas Code Annotated § 19-11-105. Click this link to certify: https://www.ark.org/tss/immigrant/index.php/user/search
 - 4. 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.
 - 5. 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 a resultant contract:

Check boxes below:	
Minority Business □ Yes □ No If yes, describe mino	ority status
Check all boxes certifying your company does not par	ticipate in these restrictions:
 □ Boycott Israel. □ Knowingly employ or contract with illegal immigra □ Boycott Energy, Fossil Fuel, Firearms, or Ammuni □ Knowingly employ a Scrutinized Company as a co 	tion Industries.
Vendor Name:	
Vendor Signature	Date

Form W-9 (Rev. March 2024) 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.

Before you begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.

Give form to the requester. Do not send to the IRS.

	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the entity's name on line 2.)	owner's n	ame on I	line 1, a	ind enter th	e bus	iness/di	sregarded			
Print or type. See Specific Instructions on page 3.	2	Business name/disregarded entity name, if different from above.										
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. Individual/sole proprietor C corporation S corporation Partnership Trust/estate							4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):				
		LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead che box for the tax classification of its owner. Other (see instructions)	Ex Co	Exempt payee code (if any) Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)								
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions						(Applies to accounts maintained outside the United States.)					
See	5	Address (number, street, and apt, or suite no.). See instructions.	Reques	ter's nan	ne and	address (or	otiona	ıľ)				
	6	City, state, and ZIP code										
	7	List account number(s) here (optional)										
Par	t I	Taxpayer Identification Number (TIN)										
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 <i>How to get a TIN</i> . later.				or		ntification	-	Der				
		ne account is in more than one name, see the instructions for line 1. See also What Name To Give the Requester for guidelines on whose number to enter.	and]-[
Par	t II	Certification										
Under	pe	nalties of perjury, I certify that:										
2. I an Ser	n no vice	mber shown on this form is my correct taxpayer identification number (or I am waiting for it subject to backup withholding because (a) I am exempt from backup withholding, or (b) (IRS) that I am subject to backup withholding as a result of a failure to report all interest ler subject to backup withholding; and	I have n	ot been	notifie	ed by the	Interr	nal Rev ed me t	enue hat I am			
3. I an	nal	J.S. citizen or other U.S. person (defined below); and										
4. The	FA	TCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reportir	g is con	ect.								
becau acquis	se y	ion instructions. You must cross out item 2 above if you have been notified by the IRS that you have failed to report all interest and dividends on your tax return. For real estate transaction or abandonment of secured property, cancellation of debt, contributions to an individual return interest and dividends, you are not required to sign the certification, but you must provide you	ons, item irement a	2 does arrangen	лоt ар nent (li	ply. For m RA), and, g	ortga gener	age inte ally, pa	rest paid, yments			
Sign Here		Signature of U.S. person	ate									
Gei	ne	ral Instructions New line 3b has b										

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Arkansas State University Vendor Information Request Form

Arkansas State University would like to request information to establish your business as a vendor. The information requested is necessary not only to maintain an accurate vendor file, but also to comply with the Internal Revenue Service Regulations. Federal law stipulates that each payee furnish an accurate Federal Tax Identification Number to the payer.

Please complete the appropriate fields below:

Business/Individual Name:							
Contact Name: First:	Middle:	Last:					
Phone Number:	Fax Numb	er:					
Email Address: Business Owner(s) Name:	Web site:						
Select the appropriate ownership of business type(s):	Select the ap	propriate cate	egory for tax purposes:				
African American	US Citizer	ı					
American Indian	Legal Per	manent Residei	nt (Green Card)				
Asian American	Nonreside	ent Alien					
Caucasian	US Entity						
Disabled Veteran	Foreign E	Foreign Entity					
Hispanic American	Does your c	ompany qualify :	as a minority husiness enterprise				
Pacific Islander	acco	ur company qualify as a minority business enterprise according to the State of Arkansas definition? business enterprise" means a business that is at least 51% owned by one or more minority persons.					
☐ Veteran							
Woman		Yes	☐ No				
Order Address:							
Address:		County:					
City:		State:	Zip Code:				
Nation:							
Payment Address:							
Address:		County:					
City:		State:	Zip Code:				
Nation:							

Important: In order to expedite any current or future order, please email required forms to procurement@astate.edu. W-9 (US Citizen, LPR)

W-8BEN (Foreign Individuals)

W-8BENE (Foreign Entities)

Procurement Services
PO Box 1860
State University, AR 72467
(870) 972-2028
procurement@astate.edu