Request for Qualifications

Stonework Refinishing & Restoration RFQ # 2024-1

Issuance Date: April 4, 2024

Arkansas Secretary of State

State Capitol Building Business Office 500 Woodlane St., Suite 12 Little Rock, AR 72201



Table of Contents

| Confid | lentiality Statement | 3 |
|---------|---|----|
| Vendo | r Certification | 3 |
| Submi | ssion Details | 4 |
| | Submission Instructions | 4 |
| | Submission Deadline | 4 |
| | Submission Delivery | 4 |
| | Submission Questions and Clarifications | 5 |
| | Opening of Responses | 5 |
| Purpos | se and Scope of Work | 5 |
| | Purpose | 5 |
| | Scope of Work | 6 |
| | Information | 6 |
| Submi | ssion Requirements | 7 |
| Selecti | on Process | 9 |
| | Technical Scoring | 9 |
| | Negotiations | 9 |
| Blacko | put | 9 |
| Contra | act Terms and Conditions | 10 |

Confidentiality Statement

This document, including attachments, is intended only for use by the addressee and may contain legally privileged and/or confidential, copyrighted, trademarked, patented, or otherwise restricted information. If you are not the intended recipient of this document (or the person responsible for delivering this document to the intended recipient), you are advised that any dissemination, distribution, printing, or copying of this document, and any attachment thereto, is strictly prohibited and violation of this condition may infringe upon copyright, trademark, patent, or other laws protecting proprietary or intellectual property. If you have received this document in error, please respond to the originator at the address below and permanently delete and/or shred all information.

| Company Name: | | | |
|---|--|---|--|
| Company Representative/Title: | · · | | |
| Address: | | | |
| | | | te/ Zip: |
| Contact Phone #: | | | |
| Email: | | | |
| Tax ID # (TIN or SSN): | | | (Include copy of current W-9 Form) |
| Small Business: | Yes □ | No □ | |
| Minority Business: | Yes □ | No □ | |
| Women-Owned Business: | Yes □ | No □ | |
| Veteran-Owned Business: | Yes □ | No □ | |
| connection with any corpor services and is in all respect otherwise illegal action. I use of state and federal law and | ration, firm, t fair and wit nderstand tl l can result i all conditior | or perso thout ou hat collu n fines, p ns of this | or understanding, agreement, or on submitting a response for the same atside control, collusion, fraud, or sion in public procurement is a violation prison sentences, and civil damage a request for qualifications and certify |
| Authorized Signature | | _ | Date |
| Print or Type Name | | _ | |

Submission Details

Submission Instructions

Vendors are advised to carefully read all instructions, terms, and conditions provided in this request for qualifications prior to submitting a response. Failure to adhere to any instruction, term, or condition may result in rejection of the response. Vendors should pay particular attention to the following:

- The Secretary of State's Office shall not be responsible for any costs incurred by the vendor in the preparation of any response to this request for qualifications or required oral presentation.
- All materials submitted in response to this request for qualifications and subsequent fee agreements, contracts, or both, are subject to the state Freedom of Information Act.
- Secretary of State staff may request any clarifications, additional information, or data during the request for qualifications review and vendor selection process.
- Responses shall be accepted until the deadline specified below and may be withdrawn by the vendor at any time.
- Secretary of State staff may reject any or all responses and may waive technical or immaterial errors therein.
- Incomplete responses are subject to rejection by Secretary of State staff.
- Although as a constitutional office, the Secretary of State's Office is an "exempt agency" under most Arkansas procurement laws, it is the intent of the Secretary of State to adhere to procurement policies, such as those contained within this request for qualifications, which ensure the selection of the most responsive and responsible vendor which will accomplish the requisite scope of work in an efficient and transparent manner. Therefore, all required documentation must be submitted, without exception.

The Secretary of State's Office welcomes responses from small, minority-owned, women-owned, and veteran-owned businesses and does not discriminate against any entity, company, or individual on the basis of race, color, religion, creed, sex, age, disability or medical condition, national origin, or veteran status, or any other category protected by federal, state, and local anti-discrimination laws.

Submission Deadline

All responses to this request for qualifications must be received by the Secretary of State's Office, as stated below, no later than:

April 10, 2024; 4:00 pm CST

Submission Delivery

Please submit one (1) original and one (1) redacted (pdf) copy to:

Arkansas Secretary of State Attn: Business Office; Hanan Malak 500 Woodlane, Suite 12 Little Rock, AR 72201 Phone: 501-682-8032

Email: Hanan.Malak@sos.arkansas.gov

Envelopes containing responses shall be sealed and prominently marked with the RFQ number (RFQ #2024-1), submission deadline (April 10, 2024), responder's name, and return address.

Except for the redacted information, the redacted copy shall be identical to the original hard copy. It is the responsibility of the responder to ensure that the redacted copy is technologically unable to be "unredacted".

Submission Questions and Clarifications

Vendors may submit <u>written</u> questions requesting clarification of information contained within this request for qualifications. Please reference the request for qualifications number (RFQ # 2024-1) in the subject line. Written questions shall be addressed only to:

Hanan Malak

Email: Hanan.Malak@sos.arkansas.gov

Opening of Responses

Responses submitted by the deadline shall be opened at the following location at the date and time specified below:

April 11, 2024; 9:00 am CST

Arkansas Secretary of State 500 Woodlane St., Suite 31 Little Rock, AR 72201

All vendors responding to the request for qualifications shall be notified of the final selection.

Purpose and Statement of Work

Purpose

The Arkansas Secretary of State's Office is requesting qualifications from contractors for restoration, resurfacing, and refinishing services related to existing stonework flooring and wall base within the State Capitol building in Little Rock, Arkansas.

Constructed between 1899 and 1915, the Arkansas State Capitol serves as the heart of state government and lawmaking, housing six of the state's seven constitutional offices, the House and Senate Chambers and their public galleries, the Governor's Reception Room, the Old Supreme Court Chamber, and various committee rooms and offices.

Caring for the century-old State Capitol and its surrounding grounds is the responsibility of the Capitol Facilities Division of the Secretary of State's Office. A variety of tradespeople maintain and preserve the Capitol itself, as well as the historic Capitol Hill Building, and many installations and features around the grounds.

The existing stonework (terrazzo and marble) has experienced normal wear and tear since installation. Dirt, wax build-up, soap scum, and coatings that begin to yellow over time produce a diminished appearance of the natural stone surface. Additionally, the wax applications have provided a very reflective surface, which reveals chips, cracks, scratches and imperfections.

Scope of Work

The chosen vendor shall remove buildup and restore all existing stonework flooring and wall base. Restoring of the stonework's original finish shall be in a manner consistent with *The Secretary of the Interior's Standards and Guidelines for Preservation, Rehabilitation, and Restoration & Reconstruction*. The Standards and Guidelines are well known, widely used and intended as advisory guidance, not regulatory requirements.

The vendor shall strip all stonework floors in the common areas down to the original surface, cleaning as necessary, and sealing with a colorless, slip and stain resistant penetrating sealer.. The vendor shall also clean and remove dirt and coating build-up from all stonework wall base.

Project Areas and Est Square Footage:

- First Floor 20,000 sqft. ~
- Second Floor 14,000 sqft. ~
- Third Floor 11,000 sqft. ~
- Fourth Floor 11,000 sqft. ~
 - Project Estimated Total Square Footage
 - 56,000 sqft.~

Vendors with substantive knowledge and experience working with historic and governmental buildings and projects are preferred. Highly qualified vendors may have experience working on buildings on the National Register of Historic Places, preservation of such buildings' historical attributes/original character, and experience with historically-relevant materials.

The Secretary of State's Office reserves the right to reject the use of any contractors and subcontractors for which state funding shall be expended.

Information

- The Secretary of the Interior's Standards and Guidelines for Preservation, Rehabilitation, and Restoration & Reconstruction.
 - https://www.nps.gov/orgs/1739/secretary-standards-treatment-historic-properties.htm
- U.S. General Services Administration Procedure Guidelines
 - https://www.gsa.gov/real-estate/historic-preservation/historic-preservation-policy-tools/preservation-tools-resources/technical-procedures

Submission Requirements

The official response packet shall contain all of the information below and shall be modified only by any addendum issued by the Secretary of State. Vendors are advised to check the Secretary of State's website for any issued addendum.

1. Letter of Introduction:

Provide a letter of introduction, signed by an officer or principal of the vendor with contracting authority, which illustrates the vendor's unique abilities to meet the specified requirements of this request for qualifications. Include the name of a designated contact person, physical address, email address, and phone number to be used for communication related to interviews and vendor selection.

2. Experience of the Vendor:

Provide a detailed description of your experience and qualifications with projects in consistent with the above scope of work. Please include any specific experience involving the repair, refinish or renovation in historic sites and structures, which were successfully completed. List previous experience with contracting with governmental entities and successful projects. Also, include specific experience with terrazzo and marble resurfacing, crack repair, and patching.

3. Project Team (Key Staff):

Identify the proposed project manager who will be assigned to the contract as the primary contact and key project team members and their responsibilities and workload. Provide an organizational chart, current office size, and brief resumes of key individuals outlining their credentials, honors, and years of experience. Please list any preferred partners (professional service providers, contractors, subcontractors, etc.) with specialized experience who are anticipated to become team members. Include potential specialties, qualifications, and years' experience of any identified partners.

4. References:

Provide the names and contact information for at least three (3) references familiar with the quality of your work of similar nature as that described in the above scope of work.

5. Current Projects:

Provide a summary of current workload, state projects awarded, and recent experience with project costs and schedules.

6. Insurance:

Provide proof of current professional liability insurance coverage (\$1,000,000 minimum per claim and \$2,000,000 minimum in the aggregate required).

7. Licensure:

Provide copies of licenses as required by the governing bodies of the State of Arkansas and the City of Little Rock.

8. Proximity/Familiarity:

Indicate proximity to and familiarity with the Arkansas State Capitol building and grounds.

9. Required Forms:

Submit the following forms with your response packet:

- a. Contract and Grant Disclosure and Certification Form
- b. Company's Equal Opportunity Policy
- c. Illegal Immigrant Contractor Disclosure Certification Form
- d. Israel Boycott Restriction Certification Form
- e. Signed Vendor Certification
- f. W-9 Form

10. Other Factors:

Any other factors that may be appropriate to the scope of work.

Pricing is not requested nor required for this request for qualifications.

Selection Process

Technical Scoring

Statements of Qualifications shall be evaluated by Secretary of State staff based upon requirements set forth in this request for qualifications and ranked in order of qualification from highest to lowest. Response packets that do not meet submission requirements shall be disqualified and not evaluated.

The maximum point values for each submission requirement to be scored are as follows:

| Submission Requirements | Maximum |
|--------------------------------|----------|
| | Possible |
| | Points |
| Letter of Introduction | 10 |
| Experience of the Vendor | 30 |
| Project Team (Key Staff) | 10 |
| References | 10 |
| Current Projects | 20 |
| Proximity/Familiarity | 10 |
| Other Factors | 10 |
| Total Possible Technical Score | 100 |

To derive the average technical score for each vendor, the combined technical scores for each rater will be added and divided by the total number of raters. The vendor with the highest average technical score will be deemed the most responsive vendor and negotiations shall begin. (See Negotiations section below.)

Negotiations

Secretary of State staff shall enter negotiations with the most responsive bidder (identified by the above scoring processes) to negotiate fees and finalize a contract. If Secretary of State Staff is unable to negotiate a satisfactory contract for the services to be provided with the most qualified vendor, negotiations will be formally terminated and negotiations with the next highest scoring vendor will be initiated. The negotiation process will be repeated until a successful vendor has been determined, or until such time as the Secretary of State's Office decides not to move forward with a contract. It is the intent of the Secretary of State's Office to enter into a single contract with one (1) vendor following the selection process.

Selection of the vendor shall be at the sole discretion of the Secretary of State's Office and is final.

Blackout

From the time of receipt of this request for qualifications by the vendor until award of the contract, the vendor or a contract representative – whether paid or voluntary – of the vendor may make no contact with any employee or family member of an employee of the Arkansas Secretary of State, other than the designee as provided for in this request for qualifications.

Contract Terms and Conditions

The selected vendor will be required to enter into a formal written contract with the Secretary of State's Office prior to the commencement of the project. Any contract for services entered into by the Secretary of State's Office as a result of this request for qualification shall include the original request and the selected vendor's submission.

Any contract entered into pursuant to this request for qualifications is not assignable nor are the duties thereunder delegable by either party without the written consent of the other party of the contract.

All payments shall be made in accordance with the terms and conditions of the payment provisions of the contract signed by the successful vendor and the Secretary of State's representative, subject to legislative appropriations. Vendor acknowledges that the Secretary of State's Office is subject to constitutional and statutory limitations on spending. The Secretary of State's Office agrees to exercise its best efforts to obtain funding at the contract rate during each annual session of the Arkansas General Assembly, to which all spending obligations are subject.

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: SUB- | SUBCONTRACTOR NAME: | JAME: | | | | | |
|---|--|---|--|--|---|---|------------------------|
| TAXPAYER ID NAME: | | | IS THIS FOR: | ۷. | □ Ser | Services? Bot? | |
| YOUR LAST NAME: | | | FIRST NAME: | | | M.L.: | |
| ADDRESS: | | | | | | | |
| CITY: | | | STATE: | | ZIP CODE: | E: COUNTRY: | |
| AS A CONDITION OF OBTAINING, EXTENDING, AME OR GRANT AWARD WITH ANY ARKANSAS STATE | BTAINING TH ANY A | i, EXTENDING, IRKANSAS ST | | <u>OR RENE</u> ′, THE FC | NOTTC | NDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED: | |
| | | | FOR | INDI | VID | INDIVIDUALS* | |
| Indicate below if: you, your spous Member, or State Employee: | se or the broth | er, sister, parent, or | child of you or your | spouse is a c | current or fo | 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: | Board or Commission |
| Position Held | Mark (√) | | Name of Position of Job Held | For How Long? | 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.] | ou? [c.] |
| | Current Former | | board/ commission, data entry, etc.] | 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 | Se | | | | | | |
| | | FOR | ANE | NTIT | тү (] | 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 Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Asse Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity. | ng persons, c on Member, S ition of contro | urrent or former, holc tate Employee, or thα I means the power to | d any position of cone spouse, brother, so direct the purchasi | ntrol or hold a ister, parent, ng policies o | any ownersl or child of r influence | 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. | sembly, Constitutional |
| pleH wilisod | Mark (ଏ) | Name of Position of | ition of Job Held | For How Long? | Long? | What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control? | erest and/or |
| | Current Former | | board/commission, data entry, etc.] | From MM/YY | To MM/YY | Person's Name(s) Ownership Interest (%) | Position of Control |
| General Assembly | | | | | | | |
| Constitutional Officer | | | | | | | |

☐ None of the above applies

Member State Employee

State Board or Commission

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.

| Ś |
|---|
| \geq |
| Ę |
| £ |
| SE |
| ė |
| re |
| ğ |
| <u>-</u> |
| 6 |
| in |
| ge |
| ja |
| Ite |
| ste |
| ಡ |
| th |
| į. |
| 1, |
| ac |
| Ħ |
| O |
| ಶ |
| 8 |
| 3 U |
| ΜĪ |
| 1 |
| e. |
| rr |
| 0 |
| |
| ρį |
| Ä. |
| |
| Ä. |
| Ä. |
| , amendin |
| Ä. |
| , amendin |
| ing, amendin |
| ing, amendin |
| ing, amendin |
| g, extending, amendin |
| ing, extending, amending |
| g, extending, amendin |
| ing, extending, amending |
| taining, extending, amendin |
| taining, extending, amendin |
| taining, extending, amendin |
| n of obtaining, extending, amending |
| n of obtaining, extending, amending |
| tion of obtaining, extending, amending |
| tion of obtaining, extending, amending |
| tion of obtaining, extending, amending |
| tion of obtaining, extending, amending |
| tion of obtaining, extending, amending |
| tion of obtaining, extending, amending |
| tion of obtaining, extending, amending |
| additional condition of obtaining, extending, amendin |
| tion of obtaining, extending, amending |

- Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a 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 CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM. Subcontractor shall mean any person or entity with whom I enter an agreement of my contract with the state agency.
- I will include the following language as a part of any agreement with a subcontractor: ci

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 Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

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. က

| l certify under that l agree to | l certify under penalty of perjury, to the best of n that I agree to the subcontractor disclosure cond | | all of the above inforr | ny knowledge and belief, all of the above information is true and correct and ditions stated herein <u>.</u> |
|-------------------------------------|---|--------------------------|-------------------------|---|
| Signature | | Title | | _Date |
| Vendor Contact Person | t Person | Title | | |
| Agency use only Agency Number | Agency A Name C | Agency Contact Person | Contact Phone No. | Contract or Grant No |

Reset Form Print Form

19-11-104. Equal Opportunity Policy.

- (a) The purpose of this section is to require any entity or person bidding on a state contract, responding to a request for proposals regarding a state contract, responding to a request for qualifications regarding a state contract, or negotiating a contract with the state for professional or consulting services to submit to the Office of State Procurement the most current equal opportunity policy of the entity or person.
- (b) The office and a state agency shall require a copy of the most current equal opportunity policy of an entity or person to be filed with the office or state agency for public inspection as a condition precedent to:
 - (1) Accepting a letter of intent, bid, proposal, or statement of qualification with regard to a state contract from the entity or person; or
 - (2) Entering negotiations with the entity or person for a professional or consulting services contract with the state.

History. Acts 2005, No. 2157, § 1.

R1:19-11-104. COLLECTION AND MAINTENANCE OF VENDOR EEO POLICIES.

Equal Opportunity Policies are required from vendors who submit responses to state agencies or the Office of State Procurement for procurements of Professional and Consultant Services where the dollar value is greater than \$25,000.

The Office of State Procurement will maintain a file of vendor Equal Opportunity Policies. State agencies which issue solicitations will be responsible for confirming that vendors have a current E.O. Policy on file with the State either through requesting that it be supplied with the solicitation response; maintaining an agency file of vendor supplied E.O. Policies or by accessing and checking the files maintained by the Office of State Procurement. A contract may not be awarded prior to determining that a copy of the vendor's current E.O. Policy is on file with the State.

Vendors will be responsible for supplying the State with updated versions of their respective E.O. Policies as they are implemented.

19-11-105. Illegal immigrants — Prohibition — Public contracts for services.

- (a) As used in this section:
 - (1) "Contractor" means a person having a public contract with a state agency for professional services, technical and general services, or any category of construction in which the total dollar value of the contract is twenty-five thousand dollars (\$25,000) or greater;
 - (2) "Exempt agency" means the constitutional departments of the state, the elected constitutional offices of the state, the General Assembly, including the Legislative Council and the Legislative Joint Auditing Committee and supporting agencies and bureaus thereof, the Arkansas Supreme Court, the Court of Appeals, circuit courts, prosecuting attorneys, and the Administrative Office of the Courts;
 - (3) "Illegal immigrant" means any person not a citizen of the United States who has:
 - (A) Entered the United States in violation of the federal Immigration and Nationality Act of 1952, 8 U.S.C. § 1101 et seq., or regulations issued under the act:
 - (B) Legally entered the United States but without the right to be employed in the United States; or
 - (C) Legally entered the United States subject to a time limit but has remained illegally after expiration of the time limit;

Request for Proposal Arkansas Secretary of State's Office

Illegal Immigrant Contractor Disclosure Certification Form

Act 157 of 2007 of the Arkansas General Assembly requires that any business or person responding to a Request for Proposal for professional services, technical and general services, or any category of construction in which the total dollar value is \$25,000 or greater certify, prior to the award of the contract, that they do not employ or contract with any illegal immigrants. Online certification shall be done at the following address:

https://www.ark.org/dfa/immigrant/index.php/user/login

| Print screen-shot of the certificat | cion and attach to this form. |
|-------------------------------------|-------------------------------|
| Company Name: | |
| Company Representative/Title: | |
| Address: | |
| City: | State/ Zip: |
| Date: | |

ILLEGAL IMMIGRANT CERTIFICATION

Pursuant to Arkansas Code Annotated § 19-11-105, Contractor(s) **shall** certify with OSP that they do not employ or contract with illegal immigrants.

By signing below, the Contractor agrees and certifies that they do not employ illegal immigrants and will not employ illegal immigrants during the remaining aggregate term of the contract.

| Contract Number | | |
|-----------------------|--|-------|
| AASIS Number | | |
| Description | | |
| Contractor | | |
| | | |
| | | |
| Contractor Signature: | | Date: |

Israel Boycott Restriction Certification Form

Pursuant to A.C.A. § 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 a aggregate term of the contract. | and certifies that they do not boycott | Israel during the remaining |
|---|--|-----------------------------|
| Company Name: | | |
| Company Representative/Title: | | |
| Address: | | |
| City: | State/ Zip: | |
| Data | | |

Request for Proposal Arkansas Secretary of State's Office

Vendor Certification Form (Shall be signed and included with response)

| Company Name: | | | |
|---|--|--|--|
| | | | |
| | | | |
| | | State/ Zip: | |
| Contact Phone #: | | | |
| Email: | | | |
| Tax ID# (TIN or SSN): | | (Include copy of current W-9 Form) | |
| Small Business: | Yes □ | No □ | |
| Minority Business: | Yes □ | No □ | |
| Women-Owned Business: | Yes □ | No □ | |
| Veteran-Owned Business: | Yes □ | No □ | |
| Do you or anyone at your compa | any have a rela | ative that works at the Arkansas Secretary of State's of | fice? |
| Yes 🗆 | No □ | | |
| If yes, please provide the name(| s) of such rela | ative(s) and their relationships below: | |
| connection with any corpora respect fair and without outs collusion in public procurem sentences, and civil damage a | tion, firm, or side control, o ent is a viola wards. I agre | l true and made without prior understanding, agreer person submitting a response for the same service collusion, fraud, or otherwise illegal action. I undertion of state and federal law and can result in finese to abide by all conditions of this Request for Prendor to any resulting contract. | es and is in al erstand that s, prison |
| Authorized Sign | nature | Date | |
| Print or Type N | | | |