

INSTRUCTIONS FOR USE OF PCS FORM

Please use the **TAB** key to advance to each field/typing area. These fields have limited characters; **make sure your narrative does not type outside the margins/boundaries.**

Use of this form will require Adobe Reader Software. You will be able to complete the form and print if you have the latest version of Adobe (5.0 at this time). If you find you cannot “print” – look for the Adobe Reader icon located on the Support Services web site bar (to the left and at the bottom of the bar) and click on the icon. This will begin loading of Version 5.0, after which you will be able to complete and print the form. When you are ready to print the form – use the printer icon on the tool bar located directly above the form – DO NOT USE the printer icon on the main header tool bar of your screen.

Be aware, you will not be able to “save” the form if you do not have the **“Approval 5” version of Adobe Acrobat** – and will need to complete the entire form and print without pause. In order to fully utilize this form you should purchase the “Approval 5” software license version.

If you have any questions regarding the form, please contact Tricia Langston, Contract Services Department at 501-686-8451.

Please continue to next page to begin completing the PCS Form.

ATTENTION CONTRACTORS

Act 2157 of 2005 of the Arkansas Regular Legislative Session requires that any business or person bidding, responding to a request for proposal or qualifications, or negotiating a contract with the state for professional or consultant services, submit their most current equal opportunity policy (EO Policy).

Although contractors are encouraged to have a viable equal opportunity policy, a written response stating the contractor does not have such an EO Policy will be considered that contractor's response and will be acceptable in complying with the requirement of Act 2157.

Submitting the EO Policy is a one-time requirement. The UAMS Contract Services Department will maintain a database of policies or written responses received from bidders.

Effective August 2005, this is a mandatory requirement when submitting an offer as described above.

Should you have any questions regarding this requirement, please contact my office by calling (501) 686-6134.

Sincerely,

Suzanne Leslie

Suzanne Leslie, APO
UAMS Director of Contract Services

To be completed by business or person submitting response: (check appropriate box)

EO Policy Attached

EO Policy previously submitted to UAMS Contract Services

EO Policy is not available from business or person

Company Name

Or Individual: _____

Title: _____ **Date:** _____

Signature: _____

STATE OF ARKANSAS

AMENDMENT TO PROFESSIONAL OR CONSULTANT SERVICES CONTRACT

CONTRACT #: _____ AMENDMENT #: _____

7. AGENCY CONTACT PERSON FOR QUESTIONS (S) REGARDING THIS CONTRACT:

 Suzanne Leslie (Name) Director, Contract Services (Title)

 4301 W. Markham, Slot 762, Little Rock, AR 72205 (MAILING ADDRESS FOR RETURNED CONTRACT)

 501-686-6134 (TELEPHONE NUMBER) lesliesuzanne@uams.edu (EMAIL)

8. SOURCE OF FUNDS:

Complete appropriate box(es) below to total 100% of the funding in this contract.

% Federal Funds	% State Funds	% Cash Funds	% Trust Funds	% Other Funds

Identify the source of funds for the following:

Federal Funds	
Cash Funds	
Trust Funds	
Other Funds	

MUST BE SPECIFIC (I.E. FEES, TUITION, AGRICULTURAL SALES, BOND PROCEEDS, DONATIONS, ETC.)

UAMS USE ONLY	
Department: _____	Date: _____
UAMS Department Approval Signature: _____ (Dean, Director or appropriate official)	
SAP Fund/Center: _____ (Note: only indicate/complete if fund/center has changed due to Amendment)	
Return Departmental Copy to:	
Attention _____	Mail Slot: _____

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: Yes No SUBCONTRACTOR NAME: _____

IS THIS FOR:

TAXPAYER ID NAME: _____ 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 <small>[senator, representative, name of board/ commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and how are they related to you? <small>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]</small>	
	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 A VENDOR (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 <small>[senator, representative, name of board/commission, data entry, etc.]</small>	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

**NOTE: PLEASE LIST ADDITIONAL DISCLOSURES ON SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED*

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 _____ Title _____ Date _____
Vendor Contact Person _____ Title _____ Phone No. _____

AGENCY USE ONLY

Agency Number 150 Agency Name UAMS Agency Contact Person Suzanne Leslie Contact Phone No. 501-686-6134 Contract Or Grant No. _____

**NOTE: PLEASE LIST ADDITIONAL DISCLOSURES ON SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED*

**PROFESSIONAL/CONSULTANT SERVICES
FUNDS DISTRIBUTION FORM**

Provide Fund Distribution Information for Each Fiscal Year of the Contract Term

CONTRACTOR _____ DEPARTMENT _____

FY _____ / _____ FUND _____ COST CENTER _____

COMPENSATION EXPENSES: \$ _____ REIMBURSABLE EXPENSES: \$ _____

FY _____ / _____ FUND _____ COST CENTER _____

COMPENSATION EXPENSES: \$ _____ REIMBURSABLE EXPENSES: \$ _____

FY _____ / _____ FUND _____ COST CENTER _____

COMPENSATION EXPENSES: \$ _____ REIMBURSABLE EXPENSES: \$ _____

FY _____ / _____ FUND _____ COST CENTER _____

COMPENSATION EXPENSES: \$ _____ REIMBURSABLE EXPENSES: \$ _____

FY _____ / _____ FUND _____ COST CENTER _____

COMPENSATION EXPENSES: \$ _____ REIMBURSABLE EXPENSES: \$ _____

FY _____ / _____ FUND _____ COST CENTER _____

COMPENSATION EXPENSES: \$ _____ REIMBURSABLE EXPENSES: \$ _____

FY _____ / _____ FUND _____ COST CENTER _____

COMPENSATION EXPENSES: \$ _____ REIMBURSABLE EXPENSES: \$ _____

DEPARTMENT SIGNATURE AUTHORITY

<p>***NOTE TO DEPT***</p> <p>THIS FORM MUST BE COMPLETED AND INCLUDED WITH THE PCS FORM THE COMPLETED PCS CONTRACT WILL INCLUDE THE FOLLOWING FORMS:</p> <ol style="list-style-type: none">1) FUNDS DISTRIBUTION FORM2) PCS FORM AND GRANT DISCLOSURE FORMS3) SOLE SOURCE JUSTIFICATION FORM (if applicable)	<p>SUBMIT COMPLETED FORM TO:</p> <p>CONTRACT SERVICES, SLOT 762</p> <p>ATTN: SUZANNE LESLIE, DIRECTOR</p> <p>TRICIA LANGSTON (686-8451)</p>
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