INVITATION FOR BID (IFB)
FORMAL BID

Bid Number:	**27-22**	**Issue Date:**	October 28, 2026
Commodity Description:	**Veterinary Equipment**	**Terms:**	NET 30
FOB:	ASU	**Bid Opening Date and Time:**	Monday, November 16, 2026 11:00 a.m. CST

PROCUREMENT CONTACT INFORMATION			
Name:	Lisa Glasco, CPCP, CPPB, CPPO, NIGP-CPP, APO	Phone:	870-972-2028
Title:	Director of Procurement Services	Email:	lglasco@astate.edu

MAILING ADDRESS:	
Non-USPS Delivery Address Arkansas State University Procurement Services c/o Central Receiving 2713 Pawnee State University, AR 72467	**USPS Delivery Address** Arkansas State University Procurement PO Box 1860 State University, AR 72467

Instructions:

- Bids should be submitted by the time and date specified above.
- The Prospective Contractor should provide the information below.
- ***THE IFB MUST BE MAILED***
- Terms and Conditions governing this bid request can be found **here.**

PROSPECTIVE CONTRACTOR INFORMATION

Company Name: _____

Name (type or print): _____ Title: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

Signature: _____
Use ink only.

Arkansas State University is an Equal Opportunity Employer

INTERGOVERNMENTAL/COOPERATIVE USE OF PROPOSAL AND CONTRACT: In accordance with Arkansas Code §19-11-249, this bid and resulting contract are available to any college or university in Arkansas that wishes to utilize the services of the selected proposer, and the proposer agrees that they may agree as provided in this bid.

SECTION 1 – INFORMATION AND INSTRUCTIONS

INTRODUCTION

Arkansas State University issued this Invitation for Bid (IFB) to obtain pricing for equipment for the College of Veterinary Medicine.

BID OPENING

Use the information below to view the bid opening online [replace with physical bid location if applicable]

November 16, 2026 11:00 A.M. CST
Arkansas State University
2713-A Pawnee Street
Jonesboro, AR 72401

OBJECTIVE AND GOALS

The Department seeks equipment for teaching, including simulators for student engagement.

TYPE OF CONTRACT

A. As a result of this IFB, the Department intends to award a contract to a single Contractor. The anticipated starting date for any resulting contract is **November 2026**. By submitting a signed bid in response to the IFB, the Prospective Contractor represents and warrants that it will honor its bid as irrevocable for this period.

B. It shall be a breach of ethical standards for a person to be retained, or to retain a person, to solicit or secure a state contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except for the retention of bona fide employees or bona fide established commercial selling agencies maintained by the contractor for the purpose of securing business.

CONTRACTOR SELECTION

A. Award is expected to be made to the responsive and responsible Prospective Contractor determined to have submitted the lowest bid that meets the Requirements and criteria outlined in the IFB, based on the Total Annual Cost/Estimated Total Cost, etc. of the Official Bid Price Sheet submitted by the Prospective Contractor.

B. The University reserves the right to determine that received costs from any vendor are unreasonable (too high for the requirements of the subject solicitation) or unrealistic (too low to reflect the ability of the offeror to meet the requirements of the solicitation). When the University determines that pricing is potentially unrealistic or unreasonable, the University may request that an offeror clarify pricing elements, and the offeror may be removed from consideration for a solicitation at the University's sole discretion.

C. If the University so chooses, negotiations may be conducted with the lowest-bidding, responsive and responsible Prospective Contractor if:

1. All bids received from responsive and responsible bidders exceed available funding; or
2. It appears that additional savings to the University may result from negotiation.

D. If negotiations fail to result in a contract, the University may negotiate with the next lowest-bidding, responsive and responsible Prospective Contractor.

1. The negotiation process may be repeated until an acceptable lower bid price is negotiated, or until such time the University determines negotiations are no longer in the best interest of the University.

2. Negotiations are conducted at the sole discretion of the University.

E. A contract is not effective prior to final award being made by the University; some contracts may be subject to Legislative review before final award.

RESPONSE DOCUMENTS

A. All bids **must** be submitted to the delivery address and by the submission deadline on page one (1) of the IFB.

B. *Bid Response Packet*

1. Prospective Contractors **shall** utilize the *Official Price Sheet* attached to the Solicitation to submit their bids.

2. The following are bid submission Requirements and **must** be submitted as part of a Prospective Contractor's bid.

a. Signed *Bid Signature Page*; signature may be in ink or digital.

b. Completed Official Price Sheet

i. Pricing **must** be proposed in U.S. dollars and cents.

ii. Prices **must** be firm offers.

iii. Discount from list-price bidding is not acceptable unless requested elsewhere in the Solicitation.

iv. State and local sales taxes should **not be** included in the bid price. Deduct trade discounts from the unit price and show the net price in the bid.

3. The following items, which **must** be submitted before a contract award to the Prospective Contractor, may also be included with the Prospective Contractor's bid response:

a. *EO 98-04 Contract & Grant Disclosure Form*

b. Copy of Prospective Contractor's *Equal Opportunity Policy*

i. Pursuant to Arkansas Code Annotated § 19-60-104, OSP requires a Prospective Contractor bidding on a state contract to submit a copy of the Prospective Contractor's *Equal Opportunity (EO) Policy*. Prospective Contractors not required by law to have an *EO Policy* **must** submit a written statement to that effect.

ARKANSAS STATE UNIVERSITY

SOLICITATION TERMS AND CONDITIONS

ACCEPTANCE OF REQUIREMENTS

A. A Prospective Contractor's past performance with the State may be used to determine if the Prospective Contractor is responsible (19-CAR § 1-401).

   1. Bids submitted by Prospective Contractors determined to be non-responsible will be rejected.

B. A single Prospective Contractor **must** be identified as the prime contractor.

   1. The prime Contractor **shall** be responsible for the resulting contract and jointly and severally liable with any of its subcontractors, affiliates, or agents to the State for the performance thereof.

C. By submitting a bid, the Prospective Contractor represents and warrants:

   1. That the prices in the bid have been arrived at independently, without any collusion with another competing Prospective Contractor.

      a. Collusion violates Arkansas Procurement Law and can lead to suspension, debarment, and can be referred to the Attorney General's office for investigation and appropriate legal action (Arkansas Code Annotated § 19-61-403 and 19-61-702).

   2. That the Prospective Contractor has not retained a person to solicit or secure the resulting contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except for retention of bona fide employees or bona fide established commercial selling agencies maintained by the Prospective Contractor for the purpose of securing business.

D. Qualifications, services, and commodities **must** meet or exceed the required Specifications as outlined in the Solicitation.

E. Pursuant to Arkansas State Procurement Law, the Contractor **shall** certify that, unless they offer to provide the goods or services for at least twenty percent (20%) less than the lowest certifying Prospective Contractor:

   1. They are not engaged in and **shall not**, during the aggregate term of the resulting contract, engage in a boycott of Israel (Arkansas Code Annotated § 25-1-503),

   2. They are not engaged in and **shall not**, during the aggregate term of the resulting contract, engage in a boycott of an Energy, Fossil Fuel, Firearms, or Ammunition Industry (Arkansas Code Annotated § 25-1-1102).

F. Pursuant to Arkansas Procurement Law, the Contractor **shall** certify that the Contractor does not knowingly employ or contract with illegal immigrants and that the Contractor **shall not** knowingly employ or contract with illegal immigrants during the aggregate term of any contract with the State or any of its departments, institutions, or political subdivisions (Arkansas Code Annotated § 19-60-105).

G. The Contractor **shall** invoice the University as required by the Department and should not invoice the University in advance of delivery and acceptance of any commodities or services (Arkansas Code Annotated § 19-4-1206).

   1. The Contractor should invoice the agency with an itemized list of charges. Reference the Department's purchase order number and/or contract number on each invoice.

   2. Payment will be made in accordance with applicable State of Arkansas accounting procedures upon acceptance of commodities and services by the Department.

3. Payment will be made only after the Contractor has successfully satisfied the Department as to the reliability and effectiveness of the commodities or services purchased as a whole.

H. The Prospective Contractor **shall** certify that they are not a company owned in whole or with a majority ownership by the government of the People's Republic of China (a “Scrutinized Company”) and that they do not and **shall not** during the aggregate term of the resulting contract employ a Scrutinized Company as a contractor (Arkansas Code Annotated § 25-1-1203).

ARKANSAS STATE UNIVERSITY

RFP #27-22

Equipment for Veterinary College

Official Price Sheet

Vendor Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Fax: _____ Email: _____

Signature of Authorized Official: _____

NOTE:

1. Arkansas State University will not be obligated to pay any cost not identified on the Official Bid Price Sheet.
2. Any cost not identified by the bidder but subsequently incurred to achieve successful operation of the equipment will be borne by the bidder.
3. All services to be performed and materials to be produced under the contract will be accomplished in consultation with and under the direction of the University. The University will approve all procedures developed and products provided under the contract. All records and data about the agreement will remain the University's property.

OFFICIAL BID PRICE SHEET

Item	Qty	Price	Total
Holstein Venipuncture Intramuscular Injection with Stand	3	$	$
Hereford Model Dystocia Simulator Brown	2	$	$
Equine Palpation Colic Simulator with Stand	1	$	$
Canine Dental Surgical Package Brown	2	$	$
Canine Dental Technician Package Black	2	$	$
Freight	1	$	$
TOTAL PRICE			$

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_____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._____

Vendor Name:_____

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. **Israel Boycott Restriction**: 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.

2. **Illegal Immigrant Restriction:** For contracts valued at $25,000 or greater.
   No state agency may contract for services with a Contractor who knowingly employs or contracts with an illegal immigrant. The Contractor shall certify that it does not knowingly employ, or contract with,illegal immigrants. See Arkansas Code Annotated § 19-60-105.

3. **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**.**

4. **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.

5. **Attach the EO policy:** If the company does not have an EO policy, email procurement@astate.edu and include the company name and state that there is no EO policy on file.

By signing this form, the Contractor agrees and certifies they are in compliance with the certification requirements listed above that are relevant to the contractor's performance under the resulting contract and will remain so for the aggregate term of any resultant contract. Additionally, the Contractor agrees and certifies they shall comply with all Arkansas laws applicable to the contractor's performance under the resulting contract.

_____ _____

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.

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

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

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

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

☐ 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) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

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 . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid 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 *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

___ - ___ - ____

or

Employer identification number

__ - _____

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | **Signature of U.S. person** | **Date**

General Instructions

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

Vendor Information Request Form

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: _____

Email Address: _____

Select the appropriate category for tax purposes:

- ☐ US Citizen
- ☐ Legal Permanent
- ☐ Resident (Green Card)
- ☐ Nonresident Alien
- ☐ US Entity
- ☐ Foreign Entity

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 the required forms.
W-9 (US Citizen, LPR) and EEO Policy
W-8BEN (Foreign Individuals)
W-8BENE (Foreign Entities)
EEO Policy

***ATTACH EEO POLICY. IF THE COMPANY HAS NO EEO POLICY, MAKE NOTE OF THAT BY EMAIL.

Revised 9/22/2026