



## **RFQ 26-41 REQUEST FOR QUALIFICATIONS – Legal Services**

Arkansas State University System Office, in accordance with the policies of the Board of Trustees, is soliciting responses from qualified law firms interested in

- Intellectual property, including patents, copyrights, and trademarks.
- Immigration
- Taxation
- NCAA Compliance
- Bankruptcy; and
- Real estate and business transactions

### **BACKGROUND**

The Arkansas State University System is governed by the Arkansas State University System Board of Trustees and the Office of the President, located in Little Rock.

Member institutions of the ASU System are:

- Arkansas State University, in Jonesboro (A-State)
- Arkansas State University-Beebe
- Arkansas State University-Mountain Home
- Arkansas State University-Newport
- Arkansas State University Mid-South, in West Memphis
- Arkansas State University Three Rivers, in Malvern
- Henderson State University, in Arkadelphia

Although the Arkansas State University System Office and each of the System's institutions share a common Board of Trustees, other than employees assigned to the ASU System Office, all employees are employed by their particular ASU System member institution, not by the ASU System.

### **PURPOSE**

The Arkansas State University System is requesting information from law firms interested in the following areas:

- Intellectual property, including patents, copyrights, and trademarks;
- Immigration;
- Taxation
- NCAA Compliance
- Bankruptcy; and
- Real estate and business transactions

This RFQ is issued to identify qualified attorneys or firms interested in providing legal services to the University system. Attorneys or firms may submit statements of qualifications on any or all of the legal areas in which they have expertise. Awards will not be exclusive, and ASU retains the right to utilize multiple attorneys or firms to provide legal services.

Statements of qualifications should reflect the areas of demonstrated competence and qualifications.



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

The Arkansas State University System reserves the right to reject late statements of qualifications or any submissions, or to waive any irregularities or informalities during the Request for Qualifications process. No statement of qualifications submission may be withdrawn for a period of thirty (30) days after the closing date for submission.

**With respect to Intellectual Property law, the System is interested in the following areas of expertise:**

- Ability to negotiate, draft, review, and recommend for approval all documents necessary for the filing and completion of university patent, trademark, and copyright applications.
- Proficiency in monitoring and ensuring that all patents, trademarks, and copyright registrations are kept current.
- Competence in working with ASU Legal Counsel, Office of Technology Transfer, Intellectual Property Directors, Licensing Associates, and other University employees and administrative officers to prosecute patent applications and provide continuing advice concerning such patent prosecutions. It is anticipated that patents will span the biological and physical sciences, engineering, and computer science.
- Capacity to evaluate inventions and review patent disclosures. Must be able to render patentability options based on findings of fact, prior art, and other relevant information.
- As circumstances warrant, attend meetings of, and participate in, presentations to or by federal, state, local, or University committees, boards, commissions, or other entities in connection with University patent applications or issued patents.
- As circumstances warrant, meet with university inventors to discuss their invention with respect to filing a provisional application or patent application.
- As circumstances warrant, meet with university representatives to gather information necessary to pursue trademark and copyright protection.
- Willingness to perform all other requested legal services necessary and appropriate to address matters related to intellectual property and the University's acquisition, management, development, conveyance, or ownership of patent, trademark, and copyright interests.



**With respect to Immigration law, the University is seeking the following:**

- Experience in representation of institutions in matters relating to H-1B visas, J-1 visas, OPT, and permanent resident cases for non-United States citizens attending colleges and universities and/or seeking employment in the United States.
- Knowledge of federal laws and regulations, including executive orders applying to institutions of higher education, and specific experience in preparing documents required by federal law regarding immigration matters for both students and employees.

**With respect to Tax law, the University is seeking the following:**

- Expertise regarding the tax consequences of gifts, bequests, endowments, and trusts established in favor of institutions of higher education.
- Experience in preparing gifts, bequests, endowments, and trusts in favor of institutions of higher education.
- Experience in coordinating working relationships between institutions of higher education and academic, athletic, or other tax-exempt support groups.
- Ability to evaluate and obtain tax exemptions for institutions of higher education for sales, use, personal property, real property, and ad valorem taxes.
- Ability to perform all other requested legal services necessary and appropriate to address matters related to tax or estate issues.

**GENERAL CONDITIONS**

- The attorney/firm may reserve the right to designate which attorney or other employee will perform specific services related to the representation. However, such a designation must be approved by the University. If the attorneys or other employees working on a matter are substituted due to firm needs, the University will not be charged for the learning-curve time that any “new” individuals spend becoming familiar with the work being performed for the University.
- The attorney/firm shall not include in its fees reimbursement for items such as attendance at continuing legal education seminars, special publications, and word processing or staff overtime, unless the overtime is a direct result of a late request by the University.

**RESPONSE**

Responses to this RFQ should include no less than the following information:

The RFQ document should be structured in the following order and content:

1. Description of the attorney’s/firm’s qualifications for performing the legal services, including the attorney’s/ firm’s prior experience in successful representation of public institutions of higher education



or similar public agencies.

2. Disclosures of conflicts of interest, identifying every matter in which the attorney/firm has, within the past calendar year, represented any entity or individual with an interest adverse to the Arkansas State University System or to the State of Arkansas, or any of its boards, agencies, commissions, universities, or elected or appointed officials.
3. Confirmation of willingness to comply with policies, directives, and guidelines of the Arkansas State University System.
4. Confirmation of willingness to work closely with the General Counsel of the Arkansas State University System.
5. Hourly billing rate of partners, associates, legal assistants, and clerks, and confirmation that those rates will remain in place for a minimum of two (2) years.
6. Billing rate for travel time to and from any campus within the Arkansas State University System, including hourly attorney billing rate and mileage reimbursement rate.
7. Billing rate for copies, long-distance telephone calls, facsimile transmissions, or other office or overhead costs proposed to be charged to the University;
8. Capacity of attorney/firm to perform work within a reasonable time as requested by the General Counsel of the Arkansas State University System, as well as the availability of attorneys for immediate response to urgent issues.

#### **TERM**

The required services are to commence on **July 1, 2026**, and, unless terminated earlier, 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, by mutual written agreement.

#### **SELECTION CRITERIA AND PROCESS**

The selection committee will review Statement of Qualifications documents and grade them based on the following point criteria. The highest-scoring firm will be notified. Unsuccessful firms will be notified the same day via email and/or phone call.

##### **Selection Criteria**

|                                                                      |        |
|----------------------------------------------------------------------|--------|
| Prior similar experience in a law collaborative educational facility | 30 pts |
| Demonstration of competence in working with                          | 25 pts |
| Staff Resources, experience, and team qualifications                 | 20 pts |
| Other factors, use of technology, understanding legal methodologies  | 10 pts |
| Demonstration of different types of legal services                   | 15 pts |



### **SUBMISSION**

The deadline for responses is 11:00 a.m., Tuesday, May 12, 2026. Respondents will provide sealed (1) published copies and (1) electronic copy (PDF format) to:

**Lisa Glasco, CPCP, CPPB, CPPO, NIGP-CPP, APO**  
**Director of Procurement Services**  
**Arkansas State University**  
**P.O. Box 1860**  
**State University, AR 72467**

**Email:** [lglasco@astate.edu](mailto:lglasco@astate.edu)

**Phone:** (870) 972-3449

**Physical address:**

**2713 Pawnee St., Building A**  
**Jonesboro, AR 72401**

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://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.<br>See Specific Instructions on page 3. | <b>1</b> 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.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                    |
|                                                        | <b>2</b> Business name/disregarded entity name, if different from above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                    |
|                                                        | <b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.<br><br><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .<br><b>Note:</b> 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.<br><input type="checkbox"/> Other (see instructions) | <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br><br>Exempt payee code (if any) _____<br><br>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____<br><br>(Applies to accounts maintained outside the United States.) |
|                                                        | <b>3b</b> 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 . . . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                    |
|                                                        | <b>5</b> Address (number, street, and apt. or suite no.). See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Requester's name and address (optional)</b>                                                                                                                                                                                                                                                                     |
| <b>6</b> City, state, and ZIP code                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |
| <b>7</b> 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.

|                                       |             |
|---------------------------------------|-------------|
| <b>Social security number</b>         |             |
| <div></div>                           | <div></div> |
| <b>or</b>                             |             |
| <b>Employer identification number</b> |             |
| <div></div>                           | <div></div> |

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

|                  |                                 |             |
|------------------|---------------------------------|-------------|
| <b>Sign Here</b> | <b>Signature of U.S. person</b> | <b>Date</b> |
|------------------|---------------------------------|-------------|

**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](http://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:** \_\_\_\_\_

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**Important:** In order to expedite any current or future order, please email the required forms to [procurement@astate.edu](mailto: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](mailto:procurement@astate.edu)**

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.

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

## 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

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:**

### F O R I N D I V I D U A L S \*

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<br>[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?<br>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.] |          |
|----------------------------------|----------|--------|--------------------------------------------------------------------------------------------------------|---------------|-------------|---------------------------------------------------------------------------------------------------------------------------------|----------|
|                                  | Current  | Former |                                                                                                        | From<br>MM/YY | To<br>MM/YY | Person's Name(s)                                                                                                                | Relation |
| General Assembly                 |          |        |                                                                                                        |               |             |                                                                                                                                 |          |
| Constitutional Officer           |          |        |                                                                                                        |               |             |                                                                                                                                 |          |
| State Board or Commission Member |          |        |                                                                                                        |               |             |                                                                                                                                 |          |
| State Employee                   |          |        |                                                                                                        |               |             |                                                                                                                                 |          |

☐ None of the above applies

### F O R A N E N T I T Y ( B U S I N E S S ) \*

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<br>[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<br>MM/YY | To<br>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. \_\_\_\_\_