

ATTACHMENT B  
**OFFICIAL REQUEST FOR PROPOSAL PRICE SHEET**  
**Performance Audit and Consulting Services on the Operations of the Arkansas Lottery Commission (ALC)**

The undersigned agrees to provide Performance Audit and Consulting Services on the Operations of the Arkansas Lottery Commission in accordance with the Request for Proposal, and any amendments or addendums thereto for proposal number **ALC-RFP-140001**.

*Proposer is required to provide the total cost of the services requested in Section 3 of the RFP. As outlined in Section 3.4 and Section 4.0 of the RFP, Vendor is asked to provide a Price Proposal with key performance areas priced separately.*

<b>PERFORMANCE AUDIT AREAS</b>	<b>COST</b>
Retailers	
Product Portfolio	
Marketing, Advertising, and Promotion	
Public Relations	
Organizational Structure	
<b>VENDOR'S PROPOSED ADDITIONAL AREAS FOR ASSESSMENT</b> (as detailed in Section 3.4 of RFP)	
<b>TOTAL COST OF SERVICES PROPOSED</b>	

**1. BY SUBMISSION OF A PROPOSAL, THE VENDOR CERTIFIES:**

- 1.1** Prices in this proposal have been arrived at independently, without consultation, communication or agreement for the purpose of restricting competition.
- 1.2** No attempt has been made nor will be by the Vendor to induce any other person or firm to submit a proposal for the purpose of restricting competition.
- 1.3** The person signing this proposal certifies that he/she is authorized to represent the company and is legally responsible for the decision as to the price and supporting documentation provided as a result of this advertisement.
- 1.4** Vendor will comply with all Federal regulations, policies, guidelines, and requirements.
- 1.5** Prices in this proposal have not been knowingly disclosed by the Vendor and will not be prior to award to any other Vendor.

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2. GENERAL INFORMATION:

Vendor Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SSN/Employer Identification Number \_\_\_\_\_

3. OWNERSHIP AND CONTROL:

Vendor's Legal Structure:

\_\_\_\_\_ Sole Proprietorship

\_\_\_\_\_ General Partnership

\_\_\_\_\_ Corporation

\_\_\_\_\_ Limited Partnership

\_\_\_\_\_ Limited Liability

\_\_\_\_\_ Other \_\_\_\_\_

If Vendor is a sole proprietorship, list:

Owner Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SSN/Employer Identification Number \_\_\_\_\_

Beginning date as owner of sole proprietorship \_\_\_\_\_

Provide the names of all individuals authorized to sign for the Vendor:

NAME (printed or typed)

TITLE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**VERIFICATION**

I certify under penalty of perjury, that I am a responsible official (as identified above) for the business entity described above as Vendor, that I have personally examined and am familiar with the information submitted in this disclosure and all attachments, and that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including criminal sanctions, which can lead to imposition of a fine and/or imprisonment.

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(Signature)

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(Name and Title) (Typed or Printed)

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(Date)