

# OFFICIAL REGIONAL BANKING CLAIM CENTER REQUEST FOR PROPOSAL PRICE SHEET

The undersigned agrees to provide Instant Ticket Lottery Game Services to the Arkansas Lottery Commission in accordance with the Request for Proposal, and any amendments or addendums thereto for proposal no. ALC - \_\_\_\_\_. *Proposer is required to provide the percentage, in the format shown below, as well as to attach hereto an itemized listing of the pricing for each of the component parts and services that comprise the percentage.*

DESCRIPTION	PERCENTAGE (Written in Words and Number)
_____ Services	_____ %

**1. BY SUBMISSION OF A PROPOSAL, THE PROPOSER 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 proposer 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** Proposer will comply with all Federal regulations, policies, guidelines, and requirements.

**1.5** Prices in this proposal have not been knowingly disclosed by the proposer and will not be prior to award to any other proposer.

**2. GENERAL INFORMATION:**

Proposer Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Fax ( ) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 SSN/Employer Identification Number \_\_\_\_\_

**3. OWNERSHIP AND CONTROL:**

**Proposers Legal Structure:**

\_\_\_\_\_ Sole Proprietorship                      \_\_\_\_\_ General Partnership

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

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

**If Proposer 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 Proposer:

NAME (printed or typed)

TITLE

_____	_____
_____	_____
_____	_____
_____	_____

***VERIFICATION***

I certify under penalty of perjury, that I am a responsible official (as identified above) for the business entity described above as Proposer, 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.

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Name and Title) (Typed or Printed) (Date)