

REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

CONTRACTOR MUST COMPLETE THE FOLLOWING

By signing this Request for Proposal for Contractual Services form, the contractor guarantees compliance with the procedures stated in this Request for Proposal, and agrees to the terms and conditions unless otherwise indicated in writing and certifies that contractor maintains a drug free work place.

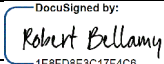
Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

_____ NEBRASKA CONTRACTOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Contractor. "Nebraska Contractor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this Request for Proposal.

_____ I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

_____ I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. §71-8611 and wish to have preference considered in the award of this contract.

FORM MUST BE SIGNED USING AN INDELIBLE METHOD (OR VIA DOCUSIGN)

FIRM:	ANNASHAE CORPORATION
COMPLETE ADDRESS:	673 Alpha Drive, Suite C Highland Heights, OH 44143
TELEPHONE NUMBER:	440-449-2662
FAX NUMBER:	440-449-2691
DATE:	SEPT. 2, 2020
SIGNATURE:	<small>DocuSigned by:</small>  <small>1E8FD8E3C17F4C6...</small>
TYPED NAME & TITLE OF SIGNER:	DR. ROBERT BELLAMY, CEO

Form A
Contractor Proposal Point of Contact
Request for Proposal Number 6322 Z1

Form A should be completed and submitted with each response to this Request for Proposal. This is intended to provide the State with information on the contractor's name and address, and the specific person(s) who are responsible for preparation of the contractor's response.

Preparation of Response Contact Information	
Contractor Name:	ANNASHAE CORPORATION
Contractor Address:	673 Alpha Drive, Suite C Highland Heights, OH 44143
Contact Person & Title:	Leronza Campbell, III, DOO
E-mail Address:	lcampbell@annashae.com
Telephone Number (Office):	440-449-2662 Ext. 113
Telephone Number (Cellular):	317-833-9989
Fax Number:	440-449-2691

Each contractor should also designate a specific contact person who will be responsible for responding to the State if any clarifications of the contractor's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Contractor Name:	ANNASHAE CORPORATION
Contractor Address:	673 Alpha Drive, Suite C Highland Heights, OH 44143
Contact Person & Title:	Leronza Campbell, III, DOO
E-mail Address:	lcampbell@annashae.com
Telephone Number (Office):	440-449-2662 Ext. 113
Telephone Number (Cellular):	317-833-9989
Fax Number:	440-449-2691

Form B
NDCS Supplemental Contract Information
Request for Proposal Number 6322 Z1

The Nebraska Department of Correctional Services (NDCS) is committed to the open and fair process for selection of contractual services; additionally, we are committed to upholding the laws of the State of Nebraska, the NDCS Code of Ethics and Conduct, and internal recommendations for improving best business practices.

Please complete the questions below and submit with your bid documents. Responding "yes" to any question will not disqualify you from consideration, but may necessitate a follow-up information request.

Company Name: ANNASHAE CORPORATION

PO Box Address: _____

Physical Address: 673 Alpha Drive, Suite C

City/State/Zip: Highland Heights, OH 44143

Phone Number: 440.449.2662

Name/Title of Contact: Leronza Campbell, III, DOO

		YES	NO
1.	To your knowledge do you have any relatives, employees, contractors, sub-contractors, or a personal relationship with anyone who is currently employed by the Nebraska Department of Correctional Services?		X
	If yes, who?		
2.	Has an employee of the Department of Correctional Services performed work for you under your current contract with the NDCS?		X
	If yes, who, how long, and in what capacity?		
3.	Does an employee of the Department of Correctional Services (past or present) hold any corporate position in your company?		X
	If yes, who and what position?		
4.	Incorporated companies, please provide the following information: Name of Corporate Entity: <u>ANNASHAE CORPORATION</u> <u>673 Alpha Drive, Suite C</u> Principle Office Address: <u>Highland Heights, OH 44143</u> Registered Agent and Office Address: <u>Dr. Robert Bellamy, as above</u>		
5.	Non-Incorporated Companies please provide the following information: Owner: _____		

By my signature below, I attest that neither I, nor my company, nor any primary officer or employee in my company has a known conflict of interest with the Nebraska Department of Correctional Services.

DocuSigned by:

1E8FD8E3C17F4C6...

Company President Signature

Sept. 2, 2020

Date