

## **RFQ 25-31 - REQUEST FOR QUALIFICATIONS**

### **Outreach and Engagement plan and services for A-State Innovate System**

Arkansas State University, in accordance with the policies of the Board of Trustees, is seeking qualifications from experienced marketing firms to develop a revenue-generating business model and comprehensive marketing plan for the A-State Innovate System. The selected firm will enhance brand recognition, create a sustainable business plan, and expand the client base for A-State Innovate, a program dedicated to fostering entrepreneurship and economic growth in Northeast Arkansas.

#### **BACKGROUND**

##### ***About A-State Innovate***

A-State Innovate, a program under the Delta Center for Economic Development, supports entrepreneurs and industrial partners from ideation to commercialization. By offering resources for innovation, start-up support, technology transfer, and strategic partnerships with businesses and communities, A-State Innovate connects entrepreneurs to opportunities that bring ideas to market. The program aims to drive economic development in Northeast Arkansas by empowering businesses and fostering a vibrant entrepreneurial ecosystem.

##### ***Objective***

The selected marketing firm will develop a revenue-generating business model and marketing plan to:

- Increase brand awareness of A-State Innovate.
- Create a sustainable financial framework to support program growth.
- Expand engagement with entrepreneurs, businesses, and community stakeholders.
- Build strategic partnerships to enhance the program's regional impact.

#### **SCOPE OF SERVICES**

The selected firm will provide the following services:

##### **1. Revenue-Generating Business Model**

- Conduct a market analysis to identify revenue opportunities, including fee-based services, sponsorships, grants, or partnerships.
- Develop a sustainable business model that aligns with A-State Innovate's mission and resources.
- Identify key performance indicators (KPIs) to measure financial success and program impact.
- Provide recommendations for staffing, infrastructure, or operational adjustments to support the model.

##### **2. Marketing Plan**

- Develop a comprehensive marketing strategy to enhance brand recognition for A-State Innovate.
- Create targeted campaigns to attract entrepreneurs, start-ups, and industrial partners in Northeast Arkansas and beyond.
- Design promotional materials (e.g., brochures, digital content, website enhancements) to highlight A-State Innovate's services.
- Propose strategies for digital marketing, including social media, SEO, and email campaigns.

- Develop a plan to promote events, workshops, and networking opportunities hosted by A-State Innovate.
- Identify opportunities for media outreach and public relations to elevate the program's visibility.

### **3. Strategic Partnerships**

- Identify potential partners (e.g., businesses, universities, government agencies) to expand A-State Innovate's reach.
- Develop a framework for establishing and maintaining partnerships that support program goals.
- Recommend collaboration models to drive engagement and resource sharing.

### **4. Community Engagement**

- Create a plan to increase engagement with local entrepreneurs, businesses, and community organizations.
- Propose initiatives to position A-State Innovate as a hub for innovation and entrepreneurship in Northeast Arkansas.
- Develop metrics to evaluate community impact and client satisfaction.

## **Deliverables**

The selected firm will provide the following deliverables:

1. **Revenue-Generating Business Model Report** (including market analysis, financial projections, and implementation plan).
2. **Comprehensive Marketing Plan** (including strategies, timelines, budgets, and KPIs).
3. **Promotional Materials** (e.g., digital and print assets, website content recommendations).
4. **Partnership Strategy Document** (including target partners and collaboration models).
5. **Community Engagement Plan** (including outreach initiatives and evaluation metrics).
6. **Final Presentation** to the Delta Center for Economic Development summarizing findings and recommendations by September 30, 2025.

## **Qualifications**

The ideal firm will demonstrate:

- Proven experience in developing revenue-generating business models for non-profits, educational institutions, or economic development programs.
- Expertise in creating marketing plans for entrepreneurship or innovation-focused initiatives.
- Knowledge of the Northeast Arkansas region and its economic landscape.
- Strong capabilities in digital marketing, branding, and public relations.
- Experience in fostering strategic partnerships and community engagement.

## **Submission Requirements**

1. Firm Base Information
  - a. Name and address of firm
  - b. Primary contact telephone numbers and email addresses
  - c. Web page address and any social media addresses
2. Firm Profile
  - a. Background, expertise, and key personnel
3. Proposed Approach (2-3 pages) outlining the firm's methodology for addressing the scope of services
4. References from at least three (3) clients for similar work
5. Timeline for completing the project by September 30, 2025
6. Cost Proposal providing a detailed budget for the project.

## **SELECTION CRITERIA AND PROCESS**

The selection committee will review Statement of Qualifications documents and grade upon the following point criteria. The highest scored firm will be selected.

### **Selection Criteria**

Relevant experience and expertise	30 pts
Quality and clarity of proposed approach	30 pts
Demonstrated success in similar projects	20 pts
Understanding of the Northeast Arkansas region and economic development	10 pts
Cost-effectiveness of the proposal	10 pts

## **SUBMISSION**

The deadline for responses is 2:00 p.m., Friday, May 30, 2025. Respondents will provide (4) published copies and an electronic copy (PDF format) to:

Andrea Allen  
Executive Director  
Delta Center for  
Economic Development

Email: [anallen@astate.edu](mailto:anallen@astate.edu)  
Phone: (870) 972-3000

Arkansas State University  
P.O. Box 2710  
State University, AR 72467

Physical address:  
319 University Loop 100 West  
Jonesboro, AR 72401

## 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 [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

### 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 [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. **Minority Business Policy:** It is the policy of the State of Arkansas and this University that Minority Business enterprises shall have the maximum opportunity to participate in the State Procurement process. Therefore, the University encourages all minority businesses to compete for, win, and receive contracts for goods, services, and construction. Also, the State encourages all companies to subcontract portions of any state contract to Minority Business Enterprises. If contractors are unable to include minority owned businesses as subcontractors, they may explain the circumstances preventing minority exclusion. MINORITY PURCHASING REPORTING: The Minority Business Economic Development Act defines a "Minority" as a lawful permanent resident of this state who is: (A) African American; (B) Hispanic American; (C) American Indian; (D) Asian American; or (E) Pacific Islander American; (F) A service-disabled veteran as designated by the United States Department of Veterans For Veterans Affairs; (G) "Women-owned business enterprise" means a business that is at least fifty-one percent (51%) permanent residents of this state. For purchasing records and informational purposes only, pursuant to 15-4-312 (State Agency Reports) please designate below if you, as an individual, or as a company 51% (minority owned) qualify as being a minority business.
2. **Israel Boycott Restriction:** For contracts valued at \$1,000 or greater. 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.
3. **Illegal Immigrant Restriction:** For contracts valued at \$25,000 or greater.  
No state agency may contract for services with a Contractor who employs or contracts with an illegal immigrant. The Contractor shall certify that it does not employ, or contract with, illegal immigrants. See Arkansas Code Annotated § 19-11-105. Click this link to certify: <https://www.ark.org/tss/immigrant/index.php/user/search>
4. **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.
5. **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 not a Scrutinized Company and they do not currently and shall not for the aggregate term a resultant contract:

### Check boxes below:

Minority Business ☐ Yes ☐ No If yes, describe minority status \_\_\_\_\_

### Check all boxes certifying your company does not participate in these restrictions:

- ☐ Boycott Israel.
- ☐ Knowingly employ or contract with illegal immigrants.
- ☐ Boycott Energy, Fossil Fuel, Firearms, or Ammunition Industries.
- ☐ Knowingly employ a Scrutinized Company as a contractor.

\_\_\_\_\_  
Vendor Signature

\_\_\_\_\_  
Date

**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. 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 <b>one</b> of the following seven boxes.  <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  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <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.  <input type="checkbox"/> 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 . . . . . <input type="checkbox"/>	
	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.

<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:

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
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**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

Arkansas State University would like to request information to establish your business as a vendor. 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:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Web site:** \_\_\_\_\_

**Business Owner(s) Name:** \_\_\_\_\_

**Select the appropriate ownership of business type(s):**

- ☐ African American
- ☐ American Indian
- ☐ Asian American
- ☐ Caucasian
- ☐ Disabled Veteran
- ☐ Hispanic American
- ☐ Pacific Islander
- ☐ Veteran
- ☐ Woman

**Select the appropriate category for tax purposes:**

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

Does your company qualify as a minority business enterprise according to the State of Arkansas definition?  
"Minority business enterprise" means a business that is at least 51% owned by one or more minority persons.

☐ Yes ☐ No

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**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 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)**



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**Check boxes below:**

Minority Business ☐ Yes ☐ No If yes, describe minority status \_\_\_\_\_

**Check all boxes certifying your company does not participate in these restrictions:**

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- ☐ Boycott Energy, Fossil Fuel, Firearms, or Ammunition Industries.
- ☐ Knowingly employ a Scrutinized Company as a contractor.

Vendor Name: \_\_\_\_\_

\_\_\_\_\_  
Vendor Signature

\_\_\_\_\_  
Date