



**STATE OF ARIZONA**  
**DEPARTMENT OF TRANSPORTATION**  
 Arizona Highways Magazine



**Contract**

AHM REFERENCE NUMBER: **AHMPR-2011**

Description:  
 Public  
 Relations  
 Services

DATE POSTED:

**Submittal Location:** Arizona Department of Transportation  
 C/O Arizona Highways  
 2039 West Lewis Avenue  
 Phoenix, Arizona 85009

REPLY TO:

**FAX: (602) 254-4505**

Responsible Contract Officer:  
 Kelly Mero

Phone: (602) 712-2019

**TOTAL AGGREGATE AMOUNT FOR THIS CONTRACT WILL NOT EXCEED \$36,000.00.**

**"An Equal Employment Opportunity Agency"**

The Arizona Department of Transportation is committed to the principles of Equal Employment Opportunity. To ensure dissemination of the Equal Opportunity program throughout all levels of the department, the ADOT Civil Rights Deputy Administrator serves as the Equal Opportunity Administrator for the Arizona Department of Transportation.

The Arizona Department of Transportation, in accordance with Title VI of the Civil Rights Act of 1964, 78 Stat. 252, 42 U.S.C 200d to 2000d-4 and Title 49, Code of Federal Regulations, Department of Transportation, Subtitle A, Office the Secretary, Part 21, Nondiscrimination in Federally-assisted programs of the Department of Transportation issued pursuant to such Act, hereby notifies all bidden that it will affirmatively insure that in any contract entered into pursuant to this advertisement, minority business enterprises will be afforded full opportunity to submit bids in response to this invitation and will not be discriminated against on the grounds of race, color, or national origin in consideration for an award.

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**1.0 SCOPE OF WORK**

Arizona Highways a division of the Arizona Department of Transportation hereinafter referred to as the AHM has the need to purchase/obtain services from a Public Relations firm in accordance with the following specifications:

## 1.1 **Scope of Work**

- To seek broad-based exposure for the magazine and extend the AHM brand in support of its Mission Statement "To promote travel to and through Arizona by publishing magazines and offering products about the state and its people, achieve the highest level of quality in production and customer service, while remaining financially independent". 50% focus
- The Firm will be responsible for developing and implementing media appearances and publicity opportunities related to the content of each monthly issue of the magazine. This will include booking monthly TV and radio appearances for the editor or publisher or other designated members of AHM management. Create promotional materials including press releases, alerts and other related material. 30% focus
- To seek out and book media and public appearances for AHM representatives including the publisher, editor, marketing director, photo editor and other senior staff to increase brand awareness or issue/ product focus. 5% focus
- To develop in consultation with the editor and marketing director strategies to increase subscriptions, product awareness and event participation. 5% focus
- To develop in consultation with the marketing director strategies to increase AHM Travel Show awareness, attendance and booth sales. 5% focus
- To integrate publicity plans into AHM social media outlets by working with the associate editor. 5% focus

## 2.0 **UNIFORM TERMS AND CONDITIONS**

Incorporated by reference. To obtain a copy of the Uniform Terms and Conditions in full text, you can log on to [http://www.azdoa.gov/agencies/spo/docs\\_and\\_forms.asp](http://www.azdoa.gov/agencies/spo/docs_and_forms.asp)

## 3.0 **SPECIAL TERMS AND CONDITIONS**

The term of this contract is for one year with the ability to extend for supplemental periods of up to a maximum of forty-eight (48) months by written agreement.

This contract can be terminated by either party with a 30 day written notice.

## 4.0 **UNIFORM INSTRUCTIONS TO OFFERORS**

Incorporated by reference. To obtain a copy of the Uniform Instructions to Offerors in full text, you can log on to [http://www.azdoa.gov/agencies/spo/docs\\_and\\_forms.asp](http://www.azdoa.gov/agencies/spo/docs_and_forms.asp)

## 5.0 **SPECIAL OFFER SUBMITTAL INSTRUCTIONS**

Complete and return all required information to the location indicated on the solicitation, page one (1) by the time indicated. Responses may be faxed to: (602) 254-4505, Attention: Kelly Mero. Responses must be in writing and signed.

- Complete and return the PRICE SHEET ■ OFFER & CONTRACT AWARD SHEET INCLUDING THE SMALL BUSINESS CERTIFICATION ■ OWNERSHIP CLASSIFICATION.

**PRICE SHEET**

MUST BE COMPLETED IN ACCORDANCE WITH SOLICITATION REQUIREMENTS AND SUBMITTED WITH OFFER

**SOLICITATION NO. AHMPR-2011**

Contract total value is \$36,000). Contract will be based on hourly rate and shall not exceed \$3000 per month unless approved by AHM Marketing Director. Please provide your standard hourly rate that will be charged to AHM. Also please provide your hourly rate for expedited process if applicable.

\_\_\_\_\_  
**Company Name**

IF PAYMENT IS MADE WITHIN \_\_\_\_ DAYS AFTER RECEIPT OF GOODS OR SERVICES, THE ABOVE QUOTED PRICE CAN BE DISCOUNTED BY \_\_\_\_%.

Odwyerpr.com

# OFFER AND CONTRACT AWARD

ARIZONA DEPARTMENT OF TRANSPORTATION  
Arizona Highways Magazine  
2039 W. Lewis Ave.  
Phoenix, Arizona 85009  
Phone: (602) 712-2019



SOLICITATION NO. **T2008001**

Submit this form with an original signature to the State.

## OFFER

TO THE STATE OF ARIZONA:

The bidder hereby offers and agrees to perform in compliance with all terms, conditions, specifications and amendments of this solicitation and any written exceptions in the offer. Signature also acknowledges receipt of all pages indicated in the Table of Contents.

Federal Employer Identification

No.: \_\_\_\_\_

For clarification of this offer, contact:

Printed Name

Email Address

Offeror's (Company) Name

Address

Company Email Address

City State Zip

Signature of Person Authorized to Sign Offer

Phone

Printed Name

Date

Facsimile

Title

## ACCEPTANCE OF OFFER AND CONTRACT AWARD (FOR STATE OF ARIZONA USE ONLY)

Your bid is hereby accepted.

The contractor is now bound to perform based upon the solicitation, including all terms, conditions, specifications, amendments, etc., and the contractor's offer as accepted by the state.

This contract shall henceforth be referred to as Contract No. \_\_\_\_\_.

The contractor is hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until contractor receives a purchase order.

State of Arizona

Awarded this 22 day of September 2008

**Win Holden**

As Publisher not personally.

# OWNERSHIP CLASSIFICATION

**SOLICITATION NO. T2008001**

**NOTE: THE FOLLOWING REQUESTED INFORMATION IS FOR DATA COLLECTION PURPOSES ONLY**

Name of Organization:			
Federal Employee Identification Number:			
Contact Person:			
Contact Phone:		Fax:	
Email:			
Address: Street/PO Box:			
City, State, Zip:			

**Primary Business Type (Select One Only):**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> A Authorized Distributor | <input type="checkbox"/> E Factory Representative | <input type="checkbox"/> I Service Firm         |
| <input type="checkbox"/> B Broker                 | <input type="checkbox"/> F Jobber/Wholesaler      | <input type="checkbox"/> J Surplus Dealer       |
| <input type="checkbox"/> C Construction Firm      | <input type="checkbox"/> G Manufacturer           | <input type="checkbox"/> K Health Care Provider |
| <input type="checkbox"/> D Consulting Firm        | <input type="checkbox"/> H Retailer               | <input type="checkbox"/> L Other _____          |

**Small/Minority Business Ownership (Select One Only):**

- |  |  |
|--|--|
| <input type="checkbox"/> 1 Non-Small/Non-Minority/Non-Disabled               | <input type="checkbox"/> 8 Small Business/Disabled Owner                 |
| <input type="checkbox"/> 2 Small Business (Per ARS §41-1001.14)              | <input type="checkbox"/> 9 Minority Woman Owned Business                 |
| <input type="checkbox"/> 3 Minority Owned Business (Per 15 CFR §1400.1(a))   | <input type="checkbox"/> 10 Disabled-Minority Owned Business             |
| <input type="checkbox"/> 4 Woman Owned Business                              | <input type="checkbox"/> 11 Disabled-Woman Owned Business                |
| <input type="checkbox"/> 5 Owned By Disabled Individual (Per ARS §41-1492.5) | <input type="checkbox"/> 12 Small Business/Minority-Woman Owned          |
| <input type="checkbox"/> 6 Small Business/Minority Owned                     | <input type="checkbox"/> 13 Small Business/Disabled-Minority Owned       |
| <input type="checkbox"/> 7 Small Business/Woman Owned                        | <input type="checkbox"/> 14 Small Business/Disabled-Minority-Woman Owned |

**APPLICANT CERTIFICATION:**

I CERTIFY THAT:

1. I, as an officer of this organization, or per the attached letter of authorization, am duly authorized to certify the information requested herein;
2. To the best of my knowledge the elements of information provided herein are accurate and true as of the date; and
3. My organization shall comply with all State and Federal Equal Opportunity and Non-Discrimination requirements and conditions of employment in accordance with ARS §Title 41 Chapter 9, Article 4 and Executive Order No. 99-4 dated February 8, 1999.

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Printed or Typed Name	Title
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Signature	Date
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