

***BID RESPONSE PACKET***  
***710-20-2029***

## BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	ARKANSAS MEDICAL STAFFING, LLC			
Address:	11701 Interstate 30, Suite 308			
City:	Little Rock	State:	AR	Zip Code: 72209
Business Designation:	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit			
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Women-Owned			
AR Certification #:		* See Minority and Women-Owned Business Policy		

PROSPECTIVE CONTRACTOR CONTACT INFORMATION		
Provide contact information to be used for bid solicitation related matters.		
Contact Person:	Sonia Lucas-Meyer	Title: Owner
Phone:	501-224-1010	Alternate Phone:
Email:	Sonia@ArkansasMedicalStaffing.com	

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.
<i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>

ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.
<input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

**An official authorized to bind the Prospective Contractor to a resultant contract must sign below.**

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's bid to be disqualified:

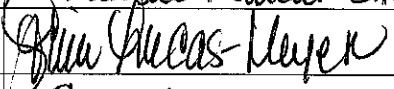
Authorized Signature: Sonia Lucas-Meyer      Title: Owner  
Use Ink Only.

Printed/Typed Name: Sonia Lucas-Meyer      Date: 05/01/2020

## **SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE**

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

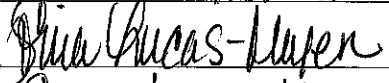
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	Arkansas Medical Staffing, LLC	Date:	05/01/2020
Signature:		Title:	Owner
Printed Name:	Sonia Lucas-Meyer		

## **SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE**

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

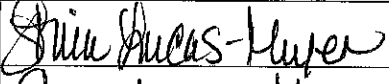
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	Arkansas Medical Staffing, LLC	Date:	05/01/2020
Signature:		Title:	Owner
Printed Name:	Sonia Lucas-Meyer		

### **SECTION 3 - VENDOR AGREEMENT AND COMPLIANCE**

- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	Arkansas Medical Staffing, LLC	Date:	05/01/2020
Signature:		Title:	owner
Printed Name:	Sonia Lucas-Meyer		

## **SECTION 4 - VENDOR AGREEMENT AND COMPLIANCE**

- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	Arkansas Medical Staffing	Date:	05/01/2020
Signature:	Sonia Lucas-Meyer	Title:	Owner
Printed Name:	Sonia Lucas-Meyer		

## PROPOSED SUBCONTRACTORS FORM

- Do not include additional information relating to subcontractors on this form or as an attachment to this form.

**PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.**

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP
NONE		

☒ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

By signature below, vendor agrees to and **shall** fully comply with all Requirements related to subcontractors as shown in the bid solicitation.

<b>Vendor Name:</b>	Arkansas Medical Staffing, LLC	<b>Date:</b>	05/01/2020
<b>Signature:</b>	<i>Sonia Lucas-Meyer</i>	<b>Title:</b>	Owner
<b>Printed Name:</b>	Sonia Lucas-Meyer		

# CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

F-1

Failure to complete all the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: ☐ YES ☒ NO SUBCONTRACTOR NAME:

Contractor for which this is a subcontractor:

Estimated dollar amount of subcontract:

TAXPAYER ID NAME: ARKANSAS Medical Staffing, LLC

IS THIS FOR:

☐ Goods? ☒ Services ☐ Both?

YOUR LAST NAME: Lucas-Meyer FIRST NAME: Sonia MI:

ADDRESS: 1701 Interstate 30, Suite 308

CITY: Little Rock, STATE: AR ZIP CODE: 72209 COUNTRY: UNITED STATES OF AMERICA

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:

## FOR INDIVIDUALS \*

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.)	Relation
	Current	Former		From MM/YY	To MM/YY		
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>					
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>					
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>					
State Employee	<input type="checkbox"/>	<input type="checkbox"/>					
<input checked="" type="checkbox"/> None of the above applies							

## FOR A VENDOR (BUSINESS) \*

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, or 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?	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY			
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>						
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>						
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>						
State Employee	<input type="checkbox"/>	<input type="checkbox"/>						
<input checked="" type="checkbox"/> None of the above applies								

\* NOTE: PLEASE LIST ADDITIONAL DISCLOSURES ON SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED



CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM F-2

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 Julia Lucas-Meyer Title Owner Date 05/01/2020  
Vendor Contact Person Julia Lucas-Meyer Title Owner Phone No. 501-224-1010

AGENCY USE ONLY

Agency Number 0710 Department of Human Services Agency Name Agency Contact Person Contact Phone No. Contract or Grant No.



Arkansas Medical Staffing, LLC  
"Caring Professionals by your Side"  
(501)-224-1010

Notice to Applicant  
Please read carefully before filing this application out.

~ An applicant will not be given consideration unless the application is filled out completely. Each applicant must provide signature and dates in the allotted spaces throughout the application.

~ It is the policy of this company to maintain a drug-free workplace. A drug screen will be given before you are hired, and randomly throughout your employment with Arkansas Medical Staffing, LLC. And reserves the right that if any individual who may be hired and violates this policy is subject to termination.

~ The applicant should provide all current credentials (Nursing license, valid driver's license, TB skin test, Social Security card, and CPR) telephone numbers and address where you can be contacted.

**\*\*\*DO NOT FILL OUT THIS APPLICATION IF:** 1) You do not have a stable personal telephone number that you may be reached at all times or suitable transportation. 2) Arkansas Medical Staffing, LLC does not guarantee any certain amount of hours in any given work week. 3) All employment should be recognized to be supplemental and subjected only by facility census, and crossed matched with your availability. 4) All calls must be returned to AMS within 15 minutes of calling you for shift, we operate by first come first served basis. \*\*\*

**\*\*AMS Employment Application\*\***

Arkansas Medical Staffing, LLC is an Equal Opportunity Employer.

~ Applications filled out for employment with Arkansas Medical Staffing, LLC are accepted without regard to race/color, sex, nation origin, disability/handicap, religion, age or political affiliation.

~ Conviction of a crime does not automatically disqualify employment with Arkansas Medical Staffing, LLC.

~ Applicants with disabilities as defined in the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 may request any accommodations to complete the application process.

~ Applications, once filed, may be subject to disclosure as a public record under the Arkansas Freedom of Information Act.

~ Applications filled out do not create a contract or guarantee of employment with Arkansas Medical Staffing, LLC. Any applicant hired will be asked to provide proof of eligibility to work in the United States under the Immigration Reform Act of 1986.

Arkansas Medical Staffing, LLC - 11701 I-30 Suite 308 Little Rock, AR 72209



**Arkansas Secretary of State  
John Thurston**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

**Certificate of Good Standing**

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show


**ARKANSAS MEDICAL STAFFING, LLC**

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office January 14, 2008.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



**In Testimony Whereof**, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 23rd day of April 2020.

  
**John Thurston**  
Secretary of State  
Online Certificate Authorization Code: 7498be6e1b22948  
To verify the Authorization Code, visit [sos.arkansas.gov](http://sos.arkansas.gov)



**City of Little Rock**  
Treasury Management Division

100 City Hall  
500 West Markham St  
Little Rock, Ar 72201  
Phone: (501) 371-4566  
Fax: (501) 371-4569

**2020**

**Business License**

**2020**

License is SONIA LUCAS-MEYER  
Granted To: ARKANSAS MEDICAL STAFFING LLC  
11701 INTERSTATE 30 STE 308  
LITTLE ROCK, AR 72209

License ARKANSAS MEDICAL STAFFING LLC  
Address: 11701 INTERSTATE 30 STE 308  
LITTLE ROCK, AR 72209

Account Number: BL140666

Payment Number: B23518/3378

Item	Description of Business	Amount
2810	EMPLOYMENT AGENCY-BASE	135.00
2811	EMPLOYMENT AGENCY-EMP.	360.00

Auto Assessment Charge

**TOTAL PAID**

**\$495.00**

In the City of Little Rock, County of Pulaski, State of Arkansas. For 12 months from the 1st day of January, 2020.  
Given under my hand this the 3rd day of January, 2020.

Scott Massanella Treasury Manager

By: Amanda McKinney

**INFORMATION OF IMPORTANCE TO HOLDER OF THIS ORIGINAL LICENSE:**

- This License: 1. Does not authorize a business to operate in conflict with the laws of the City of Little Rock (inclusive of zoning regulations or the State of Arkansas).
2. Must be posted in a conspicuous place at the business location being licensed.
3. Is NOT transferable with respect to location, business classification, or ownership. Change in location, classification or ownership will necessitate a new license.



## **ARKANSAS MEDICAL STAFFING, LLC**

**"Caring Professionals by Your Side"**

**Phone: 501-224-1010 Fax: 501-224-1022**

### **Current Accounts:**

Fox Ridge – Bryant  
4216 Foxridge Dr.  
Bryant, AR 72022

Kim Moseley, Administrator  
[kmoseley@foxridgeliving.net](mailto:kmoseley@foxridgeliving.net)  
Ph: 501-847-3400  
Fax: 501-653-0119

Good Shepherd Community  
2801 Aldersgate Road  
Roberts Building  
Little Rock, AR 72205

Kim Currey, HR Director  
[CurreyK@goodshepherdcommunity.com](mailto:CurreyK@goodshepherdcommunity.com)  
Ph: 501-320-1151  
Fax: 501-421-3119



## **ARKANSAS MEDICAL STAFFING, LLC**

**"Caring Professionals by Your Side"**

**Phone: 501-224-1010 Fax: 501-224-1022**

### **Rooster of Personnel:**

#### **LPN's**

Bridgette Allen  
Shawn Holt-Wyatt  
Tyeasha Green  
Lavonda Harris  
Ta'Naja Humphrey  
Mallory Mannis

#### **CNA's**

Tina Brewer  
Kieyada Brown  
Avvalon Burks  
Brittany Collins  
Kelly Herring-Smith  
Rachel Jones  
Stephanie Lee  
Maureen Toliver  
Krystal Watson