

BID RESPONSE PACKET
710-24-010

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Serenity Counseling, LLC				
Address:	4024 Palestine Road				
City:	Huntington	State:	AR	Zip Code:	72940
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input checked="" 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"/> Service-Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input checked="" type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American				
AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>					
PROSPECTIVE CONTRACTOR CONTACT INFORMATION					
<i>Provide contact information to be used for bid solicitation related matters.</i>					
Contact Person:	Cynthia S. Cagle, LCSW	Title:	Owner		
Phone:	479-883-9442	Alternate Phone:			
Email:	serenity.sunrisecounseling@yahoo.com				
CONFIRMATION OF REDACTED COPY					
<input checked="" type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input 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> , Prospective Contractor agrees and certifies that it does not employ or contract with illegal immigrants. If selected, Prospective Contractor certifies that it will not employ or contract with illegal immigrants during the aggregate term of a contract.					
ISRAEL BOYCOTT RESTRICTION CONFIRMATION					
By checking the box below, Prospective Contractor agrees and certifies that it does 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 Prospective Contractor to a resultant contract must sign below.

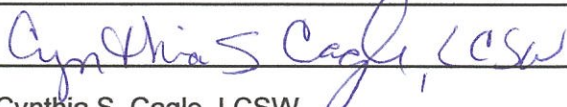
The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause Prospective Contractor's bid to be disqualified:

Authorized Signature: Cynthia S Cagle, LCSW Title: Serenity Counseling, LLC
 Printed/Typed Name: Cynthia S.Cagle, LCSW Date: 05/29/24

SECTIONS 1 - 4 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 the bid solicitation.

Vendor Name:	Serenity Counseling, LLC/Cynthia S. Cagle, LCSW	Date:	05/29/24
Signature:		Title:	owner
Printed Name:	Cynthia S. Cagle, LCSW		

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

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

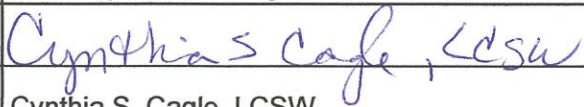
SECTION 2.3 MINIMUM QUALIFICATIONS

Please select one (1) of the following:

- ☒ Completed Structured Analysis Family Evaluation (SAFE) training.
If the prospective Contractor has completed the SAFE training, the Prospective Contractor must submit certificate(s) with bid submission.
- ☐ Have **NOT** completed the Structured Analysis Family Evaluation (SAFE) training.

If the Prospective Contractor has not completed the SAFE training, the Contractor must complete the training within thirty (30) business days of the contract start date.

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

Vendor Name:	Serenity Counseling, LLC	Date:	05/29/24
Signature:		Title:	Owner
Printed Name:	Cynthia S. Cagle, LCSW		

SERVICE AREA(S)

Please select each area in which you can provide services (Refer to Attachment J DCFS Area Map).

☐ Area 1

☒ Area 2

plus Pope County (currently)

☐ Area 3

☐ Area 4

☐ Area 5

☐ Area 6

☐ Area 7

☐ Area 8

☐ Area 9

☐ Area 10

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 1

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: May 22, 2024
SUBJECT: 710-24-010 Home Studies

The following change(s) to the above referenced IFB have been made as designated below:

☐ Change of specification(s)
☐ Additional specification(s)
☒ Change of bid opening date and time
☐ Cancellation of bid
☐ Other

OTHER

- Bid submission date and time changed to: June 5, 2024, 1:00 p.m. Central Time
- Bid opening date and time changed to: June 5, 2024, 2:00 p.m. Central Time

The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Karrie Goodnight, DHS.OP.Solicitations@dhs.arkansas.gov, (501) 320-3906.

Cynthia S Cagle, LCSW 5-29-24
Vendor Signature Date
Serenity Counseling, LLC
Company



DEPARTMENT OF TRANSFORMATION AND SHARED SERVICES
OFFICE OF STATE PROCUREMENT

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. **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.
2. **Illegal Immigrant Restriction:** For contracts valued at \$25,000 or greater.
No state agency may contract for services with a Contractor who knowingly employs or contracts with an illegal immigrant. The Contractor shall certify that it does not knowingly employ, or contract with, illegal immigrants. See Arkansas Code Annotated § 19-11-105.
3. **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.
4. **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:

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

Contract Number: _____ Description: Home study

Agency Name: Serenity Counseling, LLC

Vendor Number: 100173176 Vendor Name: Cynthia S. Cagle, LCSW

Cynthia S Cagle, LCSW
Vendor Signature

05/29/24

Date

STATE OF ARKANSAS

SECRETARY OF STATE

Charlie Daniels
SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

I, Charlie Daniels, Secretary of State of Arkansas, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of

Articles of Organization

of

SERENITY COUNSELING, LLC

filed in this office

June 30, 2010

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 30th day of June 2010.



Charlie Daniels

Secretary of State

State Franchise Tax and Annual
Report Filing System

NOTICE:

The Franchise Tax filing late fees and interest are currently waived until Friday, May 31st at 11:59:59pm CST.

Receipt

Thank you for using the Franchise Tax Filing Online Payment System. Your account will be charged by Arkansas GovPay - Arkansas Government Services. Please print this page for your receipt.

Confirmation Number	20240530150052923
Transaction Date / Time	05/30/2024 15:00:52
Tax Amount	\$150.00
Arkansas.gov Total	\$155.00
Name	Cynthia S Cagle
Address	4024 Palestine Road Huntington, AR 72940

For a copy of your filing form, please enter the Filing Number and Tax ID [here](#) and select "Show Available Filings". Once in the system, click "View Previous Filings" to view, download, or print previous online filings.

Filing # 800180698

2024 Corporation Franchise Tax Report	\$ 150.00
Total Payment Due	\$ 150.00

How was your experience?



Secretary of State

Business and Commercial Services
Victory Building
1401 W. Capitol Avenue, Suite 250
Little Rock, AR 72201
888-233-0325 or 501-682-3409

[Google Map](#) | [Contact Us](#)

SOCIAL WORK LICENSING BOARD ROSTER

Cynthia Seaton Cagle

Location: Huntington, AR

Level: LCSW

License Number: 2065-C

Date Issued: 8/25/2006

Expiration: 8/31/2024

Disciplinary Action: no

The data in this website is maintained by the Information Network of Arkansas and is endorsed by the Arkansas Social Work Licensing Board as primary source verification. Each item of data has been provided by Board personnel from the primary source, unless otherwise specified. The Social Work Licensing Board maintains updates to this website once each month after the Board meets. Disciplinary information is located under the Complaints Tab.

No responsibility is assured or implied for error or omissions created or caused by technical difficulties. No one shall be entitled to claim detrimental reliance thereon.

Licensure Level Key:

LCSW: Licensed Certified Social Worker

LMSW: Licensed Master Social Worker

LSW: Licensed Social Worker

PLMSW: Provisional Licensed Master Social Worker

PLSW: Provisional Licensed Social Worker

CYNTHIA S. CAGLE

4024 Palestine Road, Huntington, AR 72940

(479)883-9442

Serenity.sunrisecounseling@yahoo.com

My career objectives are to help others thru completing foster/adopt home studies for the State of Arkansas. I have had a long history with DCFS starting with my first job when I was 22 years old. After leaving that job and going on to my eventual Master in Social Work... LCSW. I have continued to stay connected with DCFS throughout my career and for the last 13+ years completing home studies.

EXPERIENCE

2011 - CURRENT

CONTRACT WITH THE STATE OF ARKANSAS COMPLETING HOME STUDIES

Home studies include visits with the prospective families and children to assure good placement and being a piece of the puzzle in opening foster homes.

2010 - 2018

SCHOOL-BASED MENTAL HEALTH THERAPIST/FORT SMITH PUBLIC SCHOOLS

My main home base was in Southside and Ramsey Schools. I was available to all schools in case of emergencies. I facilitated trainings for the teachers and students as well as the mental health counseling for the students.

2008 – Current

SERENITY COUNSELING, LLC/OWNER

All aspects of owning a business. Mental health counseling to children/family/marriages

2004 – 2008

INPATIENT CLINICAL DIRECTOR/VISTA BEHAVIORAL HEALTH

Mental health services to patients/staff, writing case management, coordinating Clinical Activities.

2002 – 2004

WESTERN ARKANSAS COUNSELING AND GUIDANCE CENTER

Counseling children/adults

EDUCATION

2002

MASTER OF SOCIAL WORK, UALR

2004

LCSW

It's okay to brag about your GPA, awards, and honors. Feel free to summarize your coursework too.

SKILLS

- MANY YEARS OF CONDUCTING HOME STUDIES
- ORIGINAL S.A.F.E. TRAINING IN 2011/SUPERVISOR TRAINING IN 2011
- UPDATE S.A.F.E TRAINING IN 2021
- UPDATE SUPERVISOR S.A.F.E TRAINING 2021
- LOVE WORKING WITH PEOPLE
- LOVE SEEING FOSTER HOMES EXCELL

ACTIVITIES

I HAVE VOLUNTEERED THROUGOUT MY YEARS WITH BOYS/GIRLS CLUBS, GIRL SCOUTS, BOY SCOUTS, SCHOOL ACTIVITIES FOR THE CHILDREN, TRAINED MANY PEOPLE IN MANY THINGS, CONDUCTING FOSTER HOME TRAINING, AND NOW COMPLETING HOME STUDIES.

Certificate of Completion

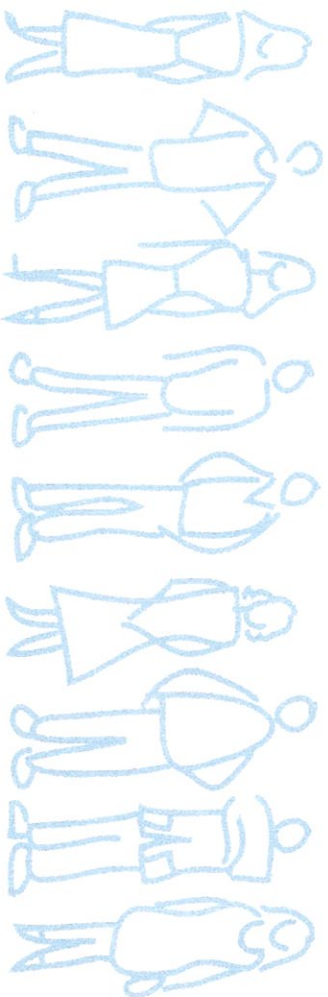
SAFE FOR SUPERVISORS-Structured Analysis Family Evaluation

This is to certify that

Cynthia Cagle

has completed 4 hours of SAFE Training and is certified to supervise SAFE Home Studies

Date(s): 01/27/2021



Kelly Castaneda

Kelly Castaneda
Executive Director

Certificate of Completion

This certificate is presented to

Cynthia Cagle

For successfully completing

Structured Analysis Family Evaluation (SAFE) Training

For a total of 12.00 credit hours from

01/25/2021 - 01/26/2021

ZOOM



MIDSOUTH
COLLEGE OF BUSINESS,
HEALTH, AND HUMAN SERVICES

A handwritten signature in blue ink, appearing to read 'Gigi Peters'.

Gigi Peters, LMSW
Executive Director

OFFICIAL BID PRICE SHEET

710-24-0010 Home Studies

All costs must be included in the unit price. Costs not included in the unit price below are not billable under a contract established from this solicitation. Bidder must submit a printed copy of the completed official bid price sheet with bid submission.

Quantities are estimated for bidding purposes only and may increase or decrease. Consideration will only be given to those that bid all line items.

Instructions: Enter the unit price for each line item. Extended amounts and the annual grand total will auto-calculate.

ITEM	DESCRIPTION	ESTIMATED QUANTITY	UNIT PRICE	EXTENDED AMOUNT
1	Home Study	²⁴ 120 476	\$ 600.00	\$285,600.00
2	Home Study Update	²⁴ 120 215	\$ 600.00	\$129,000.00
ANNUAL GRAND TOTAL				\$414,600.00

AUTHORIZATION SIGNATURE

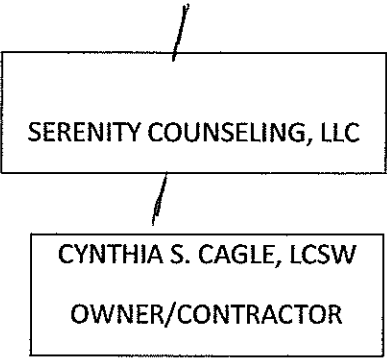
By my signature below, I certify that the aforementioned statements are true and correct and that I accept the Terms and Conditions as presented in this bid, and that I am authorized by the respondent to submit this bid on his/her behalf.

Printed Name: Cynthia S. Cagle

Date: 5-29-24

Signature:  Serenity Counseling, LLC/Owner

ORGANIZATIONAL CHART SERENITY COUNSELING, LLC



SERENITY COUNSELING, LLC

4024 Palestine Road

Huntington, AR 72940

(479) 883-9442

serenity.sunrisecounseling@yahoo.com

EEO STATEMENT

To Whom It May Concern:

Serenity Counseling, LLC does not discriminate in employment on the basis of race, color, religion, sex (including pregnancy and gender identity), national origin, political affiliation, sexual orientation, marital status, disability, genetic information, age, membership in an employee organization, retaliation, parental status, military service, or other non-merit factor.

Serenity Counseling LLC strictly adheres to the equal employment laws of the United States Government and the State of Arkansas. If you have questions concerning this please contact us at the above address or phone number.

Sincerely,


Cynthia S. Cagle, LCSW

Serenity Counseling, LLC

5-29-24

Contract Number

Attachment Number

8

Action Number

A04

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 Serenity Counseling, LLC

IS THIS FOR:

TAXPAYER ID NAME: Serenity Counseling, LLC

Goods? ☐ Services? ☒ Both? ☐

YOUR LAST NAME: Cagle

FIRST NAME Cynthia

M.I.: S

ADDRESS: 4024 Palestine Road

CITY: Huntington

STATE: AR

ZIP CODE: 72940

COUNTRY: USA

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.]	Person's Name(s)	Relation
	Current	Former		From MM/YY	To MM/YY			
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?	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY			
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 Cynthia S. Cagle, LCSW Title Owner Date 05/29/24
Vendor Contact Person Cynthia S. Cagle, LCSW Title Owner Phone No. (479) 883-9442

Agency use only
Agency 0710 Agency Department of Human Services Agency Contact Person Contact Phone No. Contract or Grant No.

From: [Cynthia S. Cagle, LCSW](#)
To: [Karrie Goodnight](#)
Subject: Re: 710-24-010 Home Studies Clarification
Date: Friday, June 21, 2024 4:46:21 PM
Attachments: [image001.png](#)
[image002.jpg](#)

[EXTERNAL SENDER]

Thank you for offering. At this time Area #3 would be 2-4 hours away from me depending on where the home study was located. I live outside Fort Smith, AR.

Cynthia S. Cagle, LCSW
479.883.9442

"TALK LOW, TALK SLOW, AND DON'T TALK TOO MUCH"
(JOHN WAYNE)

On Friday, June 21, 2024 at 03:54:12 PM CDT, Karrie Goodnight <karrie.goodnight@dhs.arkansas.gov> wrote:

Dear Potential Vendor,

DHS requests service coverage for all counties in the State of Arkansas for Home Studies. With that, please clarify whether you would like to include service area 3 as part of your submission. Please provide a response via email by 2:00 pm CST, June 24, 2024 at DHS.OP.Solicitations@dhs.arkansas.gov. If you have any questions, please feel free to give me a call.

Thank you,



Karrie Goodnight

Division of Shared Services/Office of Procurement

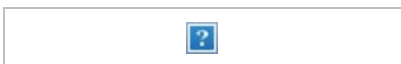
Solicitation Team Lead

P: 501.320.3906

C: 501.813.7082

Karrie.Goodnight@dhs.arkansas.gov

[Humanservices.arkansas.gov](https://humanservices.arkansas.gov)



Privacy Notice: This email may contain confidential information protected by state/federal laws. If you are not the intended recipient, please let the sender know, and delete the message/attachment(s) from your system.

From: [Cynthia S. Cagle, LCSW](#)
To: [Karrie Goodnight](#)
Subject: update to home study procurement pricing
Date: Friday, June 21, 2024 4:57:15 PM

[EXTERNAL SENDER]

I would like to clarify my bid on the home study contract for Area II. The projected bid was \$600 per home study. The Update home study bid in the past was the same as the initial home study due to the time and travel it took. If the home study was an update within the year, I could do it for \$500. If it is over a year it would be considered an new home study by the home study requirements. There is just as much information needed to do an updated home study, travel, gas, time, etc as the original home study. It just does not take as much time to type it up if it is a real update. But the format is also different. Please accept this update to my bid. I do not do home studies by zoom processes. I personally visit each home/client.
Thank You

Cynthia S. Cagle, LCSW
479.883.9442

"TALK LOW, TALK SLOW, AND DON'T TALK TOO MUCH"
(JOHN WAYNE)