

BID RESPONSE PACKET
710-24-010

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Winn Counseling, PA			
Address:	16861 School House Rd.			
City:	Siloam Springs	State:	AR	Zip Code: 72761
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 checked="" 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 type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American			
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:	Lyndon Winn	Title:	President, Winn Counseling	
Phone:	479-549-7733	Alternate Phone:	479-549-5545	
Email:	winnd3@gmail.com			
CONFIRMATION OF REDACTED COPY				
<input 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:

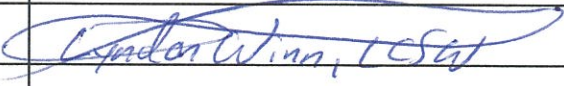
Authorized Signature:  Title: President, Winn Counseling

Printed/Typed Name: Lyndon Winn Date: 5/22/24

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:	Winn Counseling, PA	Date:	5/22/24
Signature:		Title:	President, Winn Counseling
Printed Name:	Lyndon Winn		

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
Winona Gayle Connor, LCSW	174 CR 3610	Lamar, AR 72846
Allison Elisabeth Fullen, LCSW	6164 Grays Gap Rd	Fayetteville, AR 72704
Alina Cheyne Kelley, LCSW	938 S Eastview Dr	Fayetteville, AR 72701
Nancy L Bolin, LCSW	2314 W Beech St	Rogers, AR 72756
Carley Jane Knight, LCSW	2646 N Valencia Ave	Fayetteville, AR 72703
Allison Joann Hunter, LSW	3207 Martin Drive	Springdale, AR 72762

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

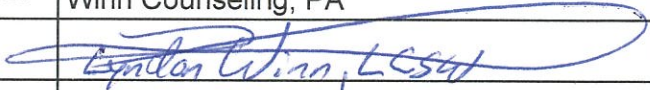
SECTION 2.3 MINIMUM QUALIFICATIONS

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:	Winn Counseling, PA	Date:	5/22/24
Signature:		Title:	President, Winn Counseling
Printed Name:	Lyndon Winn, 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
- ☐ Area 3
- ☐ Area 4
- ☒ Area 5
- ☐ Area 6
- ☐ Area 7
- ☐ Area 8
- ☐ Area 9
- ☐ Area 10

DOCUMENTATION CHECKLIST

As outlined in section 2.3 Minimum Qualifications in the solicitation document, please provide the following:

- Active registration from the Arkansas Secretary of State's Office, or other state approved documentation
- Copy of social work licenses for all staff identified to execute the scope of work
- Resumes for all staff identified to execute the scope of work
- SAFE Training certificate (if applicable)
- *Official Bid Price Sheet*
- Organizational chart
- All documents provided in the *Bid Response Packet*
- *Copy of Vendor's Equal Opportunity Policy*
- Signed Addenda, if applicable
- EO 98-04 Disclosure Form (*Attachment A*)

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	476	\$ 700.00	\$333,200.00
2	Home Study Update	215	\$ 350.00	\$75,250.00
ANNUAL GRAND TOTAL				\$408,450.00

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.

Lyndon Winn

Date:

5/22/24

Signature: 

President, Winn Counseling

Winn Counseling



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.

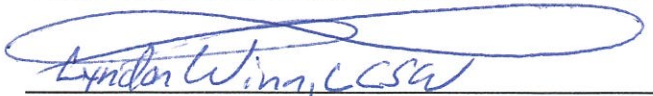
By signing this form, the Contractor agrees and certifies they are not a Scrutinized Company and they do not currently and shall not for the aggregate term a resultant contract:

- 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: _____

Agency Name: _____

Vendor Number: 100094020 Vendor Name: Winn Counseling, PA



Vendor Signature

5/22/24

Date



**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


WINN COUNSELING, A PROFESSIONAL ASSOCIATION

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office January 7, 2005.

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 24th day of May 2024.


John Thurston
Secretary of State
Online Certificate Authorization Code: 09baff9ea33da82
To verify the Authorization Code, visit sos.arkansas.gov

Winn Counseling, PA

16861 School House Road

Siloam Springs, AR 72761


Phone 479-549-7733

Fax 479-248-7015

Equal Opportunity Policy

For Winn Counseling, PA

I hereby certify that Winn Counseling (& any subcontractor who may deliver services for Winn Counseling) will not discriminate against any subcontractor, applicant for employment, or applicant for services because of race, color, religion, gender, national origin, language, age, or disability. Winn Counseling will make every reasonable effort to insure that subcontractors, applicants for employment, & applicants for services are treated without discrimination because of their race, color, religion, gender, national origin, age or disability. Such action shall include (but not be limited to) awarding of referrals, promotion, demotion, transfer, recruitment, advertising, layoff, termination, rates of pay, form of compensation, & selection of training (including apprenticeships). Reasonable efforts will be used by Winn Counseling, & individuals performing contractual services for Winn Counseling, to ensure that differences in language will not interfere with the completion of contractual obligations.


Lyndon Winn, LCSW; President, Winn Counseling

May 22, 2024

Date

Winn Counseling, PA

16861 School House Road
Siloam Springs, AR 72761

Phone 479-549-7733
Fax 479-248-7015

Organizational Chart

Lyndon Winn, LCSW-President, Secretary, Billing, Payroll, Home Study
Specialist, Supervisor

Winona Gayle Connor, LCSW-Home Study Specialist, Supervisor

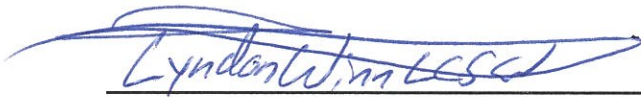
Allison Elisabeth Fullen, LCSW-Home Study Specialist, Supervisor

Alina Cheyne Kelley, LCSW-Home Study Specialist, Supervisor

Nancy L Bolin, LCSW-Home Study Specialist, Supervisor

Carley Jane Knight, LCSW-Home Study Specialist, Supervisor

Allison Joann Hunter, LSW-Home Study Specialist



Lyndon Winn, LCSW; President, Winn Counseling

May 22, 2024

Date

Certificate of Completion

SAFE - Structured Analysis Family Evaluation

This is to certify that

Lyndon Wilson LCSW

has completed 12 hours of SAFE Training and is certified to perform SAFE Home Studies

Date(s): May 17+18, 2011

Kathleen Cleary
Kathleen Cleary, Executive Director
Consortium for Children

Certificate of Completion

This certificate is presented to

Nancy Bolin

For successfully completing

Structured Analysis Family Evaluation (SAFE) Training

For a total of 12.00 credit hours from

06/27/2023 - 06/28/2023

ZOOM



MIDSOUTH
COLLEGE OF BUSINESS,
HEALTH, AND HUMAN SERVICES

Gigi Peters, LMSW
Executive Director

Certificate of Completion

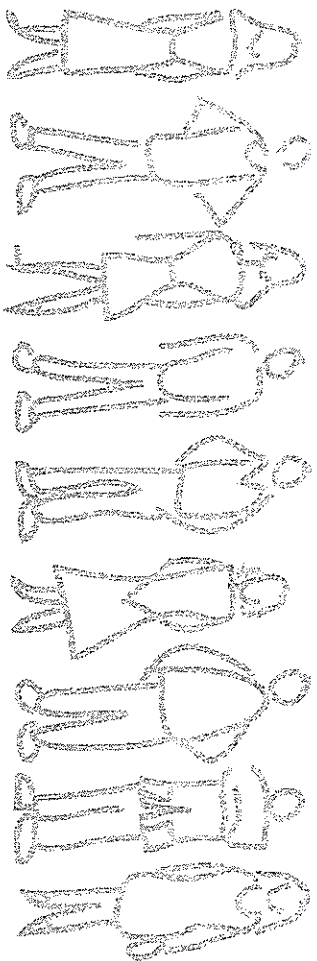
SAFE - Structured Analysis Family Evaluation

This is to certify that

Carley Knight

has completed 12 hours of SAFE Training and is certified to perform SAFE Home Studies

Date(s): 09/11/2023-09/12/2023



Kelly Castaneda

Kelly Castaneda
Executive Director

Certificate of Completion

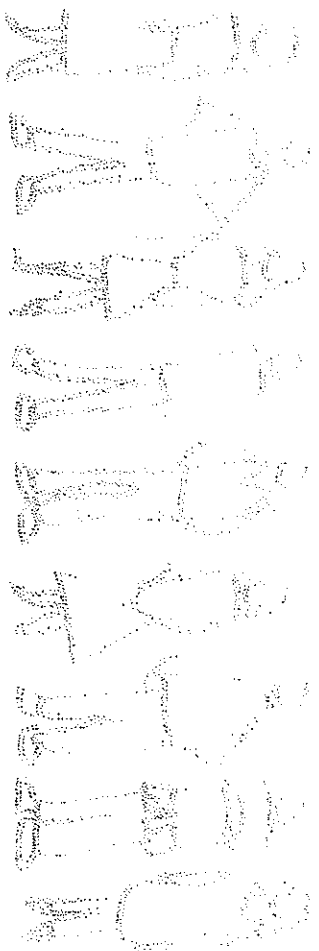
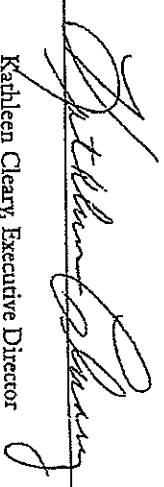
SAFE - Structured Analysis Family Evaluation

This is to certify that

ally Hunter

has completed 12 hours of SAFE Training and is certified to perform SAFE Home Studies

Date(s): March 17-18, 2011



Kathleen Cleary, Executive Director
Consortium for Children



Certificate of Attendance

This certificate is presented to

W Gayle Connor

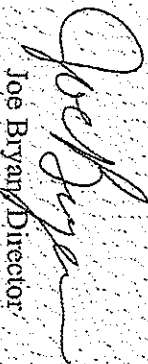
For attendance at

Structured Analysis Family Evaluation (SAFE) Training

for a total of 12.0 credit hours on
May 12, 2011 - May 13, 2011

9:00 am - 4:00 pm

MidSOUTH Little Rock


Joe Bryan, Director



Certificate of Attendance

This certificate is presented to

Allison Fullen

For attendance at

Structured Analysis Family Evaluation (SAFE)
Training

for a total of 12.00 credit hours on

August 25, 2015 - August 26, 2015

9:00 AM - 4:00 PM

MidSOUTH Little Rock



MIDSOUTH
TRAINING ACADEMY

SCHOOL OF SOCIAL WORK



Gigg Peters, LMSW
Executive Director

Certificate of Completion

This certificate is presented to

Alina Kelley

For successfully completing

**Structured Analysis Family Evaluation (SAFE)
Training**

For a total of 12.00 credit hours on

08/26/2015



**MIDSOUTH
TRAINING ACADEMY**

SCHOOL OF SOCIAL WORK

Gigi Peters, LMSW
Executive Director

LYNDON WINN, LCSW

Permanent Address: 16861 School House Road, Siloam Springs, AR 72761

Cell phone: 479-549-7733 winnd3@gmail.com

May 22, 2024

EDUCATION

AUGUST 1998

MASTERS SOCIAL WORK, ANDREWS UNIVERSITY, BERRIEN SPRINGS, MI 08/1998

LCSW—License 1710-C (original 07/2002). (Current license 2022-2024 expires 7/31/24).

AUGUST 1984

BA, THEOLOGY, ANDREWS UNIVERSITY, BERRIEN SPRINGS, MI

EXPERIENCE

11/02-Present-Winn Counseling, Siloam Springs-Owner/Operator (Part-time then full-time)
Home Studies, Counseling, Anger Management.

04/05-04/10-Vista Health, Fort Smith-Adolescent In-Patient Counselor.

11/02-04/05-Housley Counseling Services, Fayetteville-Contract Home Study Specialist &
Counselor.

11/02-03/04-Seven Hills Homeless Shelter, Fayetteville-(While working for Housley). Social
Worker & Counselor.

01/02-09/02-Aspen Management Partners, Little Rock-Field-Counselor & LCSW Supervisor.

10/00-01/02-Youth Bridge, Centerton-Shelter Counselor & Outpatient Counselor.

04/99-10/00-Madison Children's, South Bend (IN)-Adolescent Day Treatment Therapist & on-
loan Substance Abuse Counselor for Notre Dame Adolescent Summer camp.

1995-1999-St Charles (IL) Juvenile Center & Berrien Center (MI) Juvenile Centers-Admissions,
Court Reports, Group Leader, & Counselor.

1996-1998-Family Counseling Center, Aurora (IL)-Anger Management Facilitator during MSW
internship.

WINONA (GAYLE) CONNOR

Permanent Address: 174 CR 3610 Lamar, AR 72846

Cell phone: 479-647-6020 winonagayle@gmail.com

EDUCATION

MAY 1998

MASTERS SOCIAL WORK (MSW), UNIVERSITY OF ARKANSAS AT LITTLE ROCK

UALR, LITTLE ROCK, AR SCHOOL OF SOCIAL WORK 1996-1998

LCSW—License 2052-C (original 2006), current license 2022-2024 (expires 6/30/24)

MAY 1980

BA, CRIMINAL JUSTICE & SOCIOLOGY, THE COLLEGE (SCHOOL) OF THE OZARKS, POINT LOOKOUT MO

EXPERIENCE

**01/19/2021-PRESENT FULL-TIME: LICENSED CERTIFIED SOCIAL WORKER—CLINICAL (LCSW)
DEPARTMENT OF VETERAN AFFAIRS: FULL-TIME LCSW**

SENIOR SOCIAL WORKER (Grade 12, Step 3), General Mental Health CBOC (FAY VA); mental health services include Evidence Based Practice(s): CBT for Chronic Pain (CBT-CP), brief CBT for Insomnia and brief CBT for depression. Diagnosis & treatment, Initial evaluations & triages (assistance to other CBOCs including Fort Smith) Mental health appointments include face-to-face, VVC/VVC now (telehealth), and telephone telehealth, documentation of all contacts in CPRS, coordinate care with Team/AMSA & MSAs/Nurses/Prescribers

Promotion in October 2021 from Mental Health/Social Worker (Grade 11) Sikeston CBOC (Poplar Bluff VA); provide mental health therapy (individual, family, couple & group) HUD-VASH Social Worker (Grade 11) serving as case manager to veterans with multiple issues impacting housing (homelessness/at risk); work on Team with Substance Abuse and Peer Specialist in managing a variety of barriers to maintain or obtain adequate housing through HUD program(s). Coordinating community housing with Housing Authority, provide referrals for financial issues including obtaining assistance through internal and external resources, providing supportive services to maintain housing, employment and reduce barriers

03/2020 – 01/15/2021 FULL-TIME LCSW

US GOT PEOPLE (CONTRACTOR), LOCATED AT BARKSDALE AIR FORCE BASE/MEDICAL GROUP
LCSW PROVIDING MENTAL HEALTH DIAGNOSIS & TREATMENT TO ACTIVE DUTY MEMBERS IN THE MENTAL HEALTH CLINIC, TREATMENT PLANNING, COORDINATE INPATIENT FOR SUICIDAL MEMBERS AND POST HOSPITALIZATION CARE (Included time in Primary Care Behavioral Health and traditional Mental Health Clinic as full-time provider)

07/25/2019-03/2020 FULL-TIME LCSW

QUAPAW HOUSE, INC.—COMMUNITY MENTAL HEALTH & SUBSTANCE ABUSE PROVIDER
LCSW PROVIDING MENTAL HEALTH DIAGNOSIS & TREATMENT AND SUBSTANCE ABUSE ASSESSMENTS FOR THE DEPARTMENT OF HUMAN SERVICES, INCLUDING INDIVIDUAL AND GROUP THERAPY AND EDUCATION TO ADULTS, PRESENTATION ON GRIEF AND SUD ISSUES

Note: Agency closed offices at onset of COVID-19 in March 2020

04/15/2019-07/25/2019 PRN/CONTRACT WORK -LCSW (independent/advanced license)
WORKED INDEPENDENTLY COMPLETING HOME STUDIES ON CONTRACT WITH DEPARTMENT OF HUMAN SERVICES & WORKED PRN FOR HOSPITAL BASED GERIATRIC PROGRAM PROVIDING GROUP THERAPY TO CLIENTS IN AN INTENSIVE OUTPATIENT PROGRAM (FOCUS ON DEPRESSION, ANXIETY AND OTHER PHASE OF LIFE STRESSORS)

04/12/2018-04/12/2019 FULL-TIME EMPLOYEE-1 YEAR CONTRACT (fulfilled 12 mo contract)
SPECTRUM HEALTHCARE-LOCATED AT MINOT AIR FORCE BASE, NORTH DAKOTA; EMBEDDED MENTAL HEALTH (SPECIALIZED ASSIGNMENT TO ACTIVE DUTY MISSILE MAINTAINENCE UNIT), PROVIDED MENTAL HEALTH ASSESSMENTS, DIAGNOSIS & TREATMENT (DEPRESSION, ANXIETY, STRESSORS), EDUCATIONAL PRESENTATIONS ON GRIEF, STRESS MANAGEMENT, SEASONAL AFFECT DISORDER AND CONSULTATION WITH LEADERSHIP ON VARYING MENTAL HEALTH ISSUES

12/2012-04/12/2018 FULL-TIME EMPLOYEE: 5 YRS Award received
HORIZON HEALTHCARE—LOCATION: JOHNSON REGIONAL MEDICAL CENTER/GERIATRIC IOP PROVIDED SPECIALIZED MENTAL HEALTH GROUP THERAPY TO GERIATRIC INTENSIVE OUTPATIENT PROGRAM (IOP), TREATMENT PLANNING, DISCHARGE PLANS, ASSIST INPATIENT UNIT

2012-1998 (ALL EXPERIENCE AS A LICENSED MASTER'S LEVEL SOCIAL WORKER)
ADDITIONAL WORK EXPERIENCE AVAILABLE UPON REQUEST THAT INCLUDES ADDITIONAL EXPERIENCE IN COMMUNITY MENTAL HEALTH (5 YEARS), SCHOOL-BASED MENTAL HEALTH THERAPY (5 YEARS) AND 11 YEARS WITH STATE AGENCIES: DEPT HUMAN SERVICES/FAMILY SERVICE WORKER, SUPERVISOR & HEALTH DEPARTMENT AS HOSPICE SOCIAL WORKER

SKILLS

- Highly skilled with various data entry programs including AHLTA (military), CPRS (VA), Word
- Prioritize documentation (Always timely, prefer notes done by end of day when possible)
- Provided continuing education presentations on grief, stress management, Ethics
- Specialized consultation to colleagues/MSW students; supervision for LMSW
- Experienced clinician in mental health settings providing individual, group, and family counseling
- Experienced clinician in serving clients with complex mental health issues, providing differential diagnoses/treatment goals
- Use DSM-V for diagnosis/differential diagnosis and variety of other manuals for treatment
- Serve geriatric population in IOP program (5 years), active-duty military and veterans
- Maintain CEUS for license (2 yrs.)
- Group Psychoeducation/mental health topics PTSD, depression, anxiety, stress
- EBP: CBT-CP, bCBT-I bCBT-D (VA)
- Produced monthly newsletter with mental health wellness topics
- Following all policy/standards of practice for variety of practice settings (VA, Military)
- Seek consultation from other LCSWs as well as team members that may include physicians, other disciplines
- Supervisory experience with the Department of Human Services (reduced overdue investigations from 300 to 30 in one year)
- Regular use of standard measures including CSSRS, BDI, GDS, PHQ-9, GAD-7, ISI, PCL-5

CARLEY KNIGHT

2646 N Valencia Ave • Fayetteville, Arkansas 72703 • knight.carleyj@gmail.com • 314.655.8556

EDUCATION

University of Arkansas, Fulbright College of Arts and Sciences

Fayetteville, Arkansas

Master of Social Work, LCSW

May 2020

- Cumulative GPA: 4.0

Bachelor of Social Work

June 2018

- Major: Social Work • Minor: Sociology • Cumulative GPA: 3.838
- Phi Alpha member, National Honor Society for Social Work students
- NASW member, National Association for Social Workers

SOCIAL WORK

Psychology and Counseling Associates

Fayetteville, AR

Mental Health Professional

January 2024 – present

- Facilitate individual therapy and family sessions, process documentation, utilize frameworks including TF-CBT, CBT, CPP, DBT, Person Centered and Solution Focused

Eason Counseling & Associates

Rogers, AR

School Based Mental Health Professional

February 2022 – December 2023

- Facilitated individual therapy and family sessions both office based, and Bentonville school based. Processed documentation and utilized frameworks including TF-CBT, CBT, CPP, DBT, Person Centered and Solution Focused

Ozark Guidance Center

Fayetteville, AR

School Based Mental Health Professional

August 2020 – February 2022

- Facilitated individual therapy and family sessions, processed documentation, utilized frameworks including TF-CBT, CBT, CPP, DBT, Person Centered and Solution Focused

Cardinal Care Center

Farmington, AR

MSW Intern

August 2019 – May 2020

- Facilitated individual therapy sessions, assisted with insurance processing, researched and utilized frameworks including; CBT, DBT, Person Centered and Solution Focused, engaged in community events

The CALL

Lowell, AR

MSW Intern

June 2019 – August 2019

- Facilitated support groups, and worked closely with foster and adoptive homes to provide support

Global Community Development

Dangriga, Belize

BSW Intern

May – June 2018

- Developed and implemented projects on the micro, mezzo, and macro levels with the goal of improving social and economic well-being of community members

Ozark Guidance Center, Therapeutic Day Treatment

Springdale, AR

BSW Intern

January – May 2018

- Assisted case manager, therapists, and teachers with various activities with the end goal of stabilizing a child's behavior in a structured behavioral management environment

WORK

Barre3 Instructor

Fayetteville, AR

Group Fitness Instructor

August 2021 – Present

- 60-minute class of barre training mixed with cardiovascular exercises designed to suit fitness levels of all participants

Fellowship Bible Church

Little Rock, AR

Student Ministries Administrative Assistant

July 2018 – May 2019

- Responsibilities involved database management, organizational communication, and event coordination

Assistant to Professor

Fayetteville, AR

Student Research Assistant to Professor Dr. H.L. Goodwin, Agriculture Business Department

May 2016 – May 2018

- Responsibilities involved extensive literature searches, data collection, and preliminary analysis

VOLUNTEER WORK

Ozone Leader, Camp War Eagle

Rogers, AR

- Mentor high school girls on a weekly basis

August 2021 – May 2023

New Heights Children's Ministry

Fayetteville, AR

- Served in children's ministry weekly

May 2019 – March 2020

Peace at Home Family Shelter Volunteer

Fayetteville AR

Nancy L. Bolin, LCSW

2314 W. Beech Street
Rogers, AR 72756
(479)263-3899
nbolinmsw@yahoo.com

SUMMARY OF QUALIFICATIONS

Dedicated, self-directed, caring professional with over 20 years experience in the field of Social Work. Possess excellent written, oral, interpersonal, and assessment skills. Demonstrated ability to interact effectively with people and situations at all levels of an organization. Skilled in providing culturally competent care for diverse populations.

CORE COMPETENCIES

Individual, Family, and Group Therapy	Client Advocacy
Crisis Intervention	Case Management
Assessment and Care Planning	Program Planning

EDUCATION

Master of Social Work	
University of Arkansas, Little Rock, Arkansas	May 2000
Bachelor of Arts, Social Work	
University of Arkansas, Fayetteville, Arkansas	May 1998

EMPLOYMENT HISTORY

Arkansas Blue Cross Blue Shield	Little Rock, AR	7/18-present
<i>Social Work Case Manager</i>		
New Directions Behavioral Health	Kansas City, MO	10/17-7/18
<i>Case Manager</i>		
Northwest Medical Center	Springdale, AR	1/15 – 10/17
<i>Mental Health Professional</i>		
Youthbridge Emergency Shelter	Centerton, AR	1/13 - 6/14
<i>Mental Health Professional</i>		

Alina Kelley, LMSW
479-283-7215 397 E Evergreen Ln. Fayetteville, AR 72703 alinakelley@yahoo.com

EDUCATION

Master of Social Work, May 2014, 3.897 GPA, Advanced Standing Program University of Arkansas
Bachelor of Social Work, May 2013, Academic Excellence Award University of Arkansas

EMPLOYMENT

MidSouth UALR Fayetteville, AR
Part-time Foster Parent Trainer August 2015-present

Washington County Juvenile Detention Center Fayetteville, AR
Social Worker (interned August 2013-May 2014) May 2014-present

- Provide clinical assessments/recommendations of detained/non-detained youth for court
- Crisis intervention, brief therapy, and case management services
- Maintain database for evaluation purposes

Arkansas Support Network Springdale, AR
Community Support Professional January 2010-present

- Assist individual with cognitive impairment to complete daily living tasks
- Encourage empowerment and involvement within the community

RELATED EXPERIENCE

Springwoods Behavioral Health Fayetteville, AR
University of Arkansas Intern May 2013-August 2013

- Conducted assessments upon intake of clients
- Led groups and assisted with discharge planning on adult and adolescent units

EOA Children's House Springdale, AR
University of Arkansas Intern January 2013-May 2013

- Created conflict management training to be utilized for staff training
- Assisted in family engagement with families of abused/neglected children

Center for Community Engagement, University of Arkansas Fayetteville, AR
University of Arkansas Intern August 2012- December 2012

- Assisted in program development for One Book One Community set of events
- Created resource lists to serve pantry recipients

Circle of Life Hospice Springdale, AR
Volunteer March 2010- July 2010

- Performed various office tasks to increase efficiency; event set up; child care
- Assisted in grief/process group for children

TRAININGS/CERTIFICATIONS

CPR/First Aid/AED Certified (12/12/2014)
Nonviolent Crisis Intervention training (CPI Blue Card, 05/3/15, 9hrs)
Intro to Sexual Assault Advocacy Training via NWA Rape Crisis Center (05/19/15)
Certified in Mental Health First Aid (06/24/15)
Structured Analysis Family Evaluation (SAFE) training (08/25-08/26/15, 12hrs)

MEMBERSHIPS /COMMUNITY INVOLVEMENT

National Association of Social Workers
Youth Fire Intervention Task Force, under Fire Marshal via Washington County
JEMI (Judicial Equality for Mental Illness) Coalition of Northwest Arkansas
League of Women Voters of Washington County, AR
Arkansas Juvenile Detention Association
Juvenile Detention Alternatives Initiative

ALLISON FULLEN

LCSW

ALLISONLEDET@GMAIL.COM

(501) 658-3433

OBJECTIVE

I would like to continue conducting SAFE home studies in the Northwest Arkansas area.

SKILLS

Interviewing clients and discussing motivation, stressors and family dynamics to ensure appropriate placement of foster and adoptive children. Identifying problematic relationships as well as strengths to rely on, and providing resources to encourage and build readiness to provide care for children in foster care system. Exploring knowledge, biases, and perspectives held by prospective providers with regard to the foster care system and children that may be placed within the home.

EXPERIENCE

PRN HOME STUDIES

DCFS

8/2015 – 6/2016

Conducted SAFE home studies for prospective foster and adoptive parents.

SUPERVISION OF LMSW

10/2014 – 8/2016

Provided guidance and feedback for Social Worker working towards licensure. Assisted in analyzing client cases, dilemmas, problematic situations, biases and work related events to ensure consistent adherence to professional ethics and standards.

SCHOOL BASED THERAPIST

PATHFINDER, INC.

5/2008 – 11/2012

Provided therapy to elementary aged children attending MLK Elementary School. Intervened in crisis situations, provided group/individual/family therapy, and supervised case management for children with mental health diagnoses.

EDUCATION

SAFE TRAINING

7/2015

MSW

University of Arkansas at Little Rock
Graduated 5/2008

BA PSYCHOLOGY

University of Arkansas, Fayetteville
Graduated

VOLUNTEER EXPERIENCE OR LEADERSHIP

NASW Arkansas Chapter

Board of Directors

2007 – 2012

Central Arkansas Representative, President Elect, President

ALLISON HUNTER

Springdale, AR 72762

(479) 871-4828

allytubach@gmail.com

WORK EXPERIENCE

09/22— Current

PET SITTER

ROVER, Northwest Arkansas

For nearly two years, I have been providing pet-sitting services through Rover, including daycare and overnight boarding for a variety of dog breeds. This hobby-turned-full-time business has enabled me to build strong relationships with pet owners and receive numerous referrals. While my company has scaled back, I continue to enjoy pet-sitting for dogs that fit well within my family and home. Throughout this experience, I have acquired valuable skills in time management, financial management, and the day-to-day operation of an in-home business. As a result, I have become adept at providing tailored care to meet the specific needs of each pet, while also ensuring that the business aspect of my operation runs smoothly.

12/17 — Current

CONTRACT SOCIAL WORKER

Winn Counseling & Department of Human Services, Northwest Arkansas

I am responsible for conducting meetings with prospective foster and adoptive parents. My work also includes the task of writing and editing reports that summarize my findings and judgments. Additionally, I complete child summaries for foster children being adopted.

My services are offered through Winn Counseling, located in Siloam Springs, Arkansas. All of my reports are carefully reviewed and approved by the State of Arkansas, ensuring the highest quality of work.

5/11 — 5/18

ADOPTION SPECIALIST/SOCIAL WORKER

Bethany Christian Services — Northwest Arkansas

I have extensive experience guiding families through the adoption process. My role involved comprehensive oversight, from the initial stages of adoption to the final placement of children in their new homes. I have facilitated informational sessions for families interested in both domestic and international adoption and have conducted in-depth home studies for approved adoptive families. Throughout the supervisory year, I was responsible for conducting post-placement supervision of children and their new homes. In addition, I worked with our birth parent counselor and reported to the Director located in Little Rock. I also took on additional responsibilities, collaborating with Lutheran Immigration Refugee Services to complete case visits for refugee children. I strived to provide the highest level of support to families throughout the adoption process, and I was committed to ensuring that each child was placed in a safe and loving home.

10/09 — 5/11

MANAGER / SERVER

Tiny Tims/ Mountain Brewery — Fayetteville, AR

I was a waitress and shift manager at a local restaurant in downtown Fayetteville Square. I served food and drinks, along with providing an enjoyable dining experience. I ensured my clients walked away happy and with a positive view of the establishment.

EDUCATION

2005 – 2009 **Bachelor's Degree, Social Work**
University of Arkansas, Fayetteville



Arkansas Department of Health Social Work License Card

License No.

1710-C

Expiration Date:

7/31/2024

Lyndon D. Winn, LCSW

10861 School House Road

Siloam Springs AR 72761

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board.

Tammy Charlton, Chair

Chair



Arkansas Department of Health Social Work License Card

License No.

2052-C

Expiration Date:

6/30/2026

Winona Gayle Connor, LCSW

174 CR 3610

Lamar AR 72846

License holder is licensed and in good standing with the Arkansas
Social Work Licensing Board

Elizabeth Connor, LCSW

Chair



Arkansas Department of Health Social Work License Card

License No.

2558-C

Expiration Date:

12/31/2024

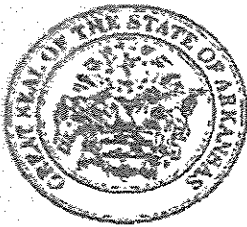
Allison Elisabeth Fullen, LCSW
6164 Grays Gap Rd.
Fayetteville AR 72704

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board.

Lammy Chaston, LCSW

Chair

Please remove card carefully!
Bend back and forth along crease
before separating.



Arkansas Department of Health Social Work License Card

License No.

7299-C

Expiration Date:

11/30/2025

Alina Cheyne Kelley, LCSW

938 S. Eastview Dr.

Fayetteville AR 72701

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board.

Tammy Chariton, LCSW

Chair



Arkansas Department of Health Social Work License Card

License No.

2977-B

Expiration Date:

4/30/2025

Allison Joann Hunter, LSW

3207 Martin Drive

Springdale AR 72762

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board

Lammy Chariton, LMSW

Chair



Arkansas Department of Health Social Work License Card

License No.

10068-C

Expiration Date:

10/31/2024

Carley Jane Knight, LCSW

2646 N Valencia Ave

Fayetteville AR 72703

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board.

Tammy Charlton, LCSW

Chair



Arkansas Department of Health Social Work License Card

License No.

3280-C

Nancy L. Bolin, LCSW

2314 W Beech

Rogers AR 72756

Expiration Date:

6/30/2023

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board.

Debra Sage Hund PhD, LSW

Chair

Contract Number: 4600046341
Attachment Number: 8

Action Number: A06

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Page 1 of 2

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:

☐ Goods?

☒ Services?

☐ Both?

TAXPAYER ID NAME: Winn Counseling PA

YOUR NAME: Lyndon Winn

ADDRESS: 16861 School House Road, Siloam Springs, AR 72761

COUNTRY: UNITED STATES

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							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☒ None of the above applies

FOR AN ENTITY (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, 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 Number: 4600046341

Attachment Number: 8

Action Number: A06

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 President, Winn Counseling Date 05/22/24

Vendor Contact Person Lyndon Winn, LCSW Title President, Winn Counseling Phone No (479) 549-7733

Agency use only	
Agency Number 0710	Agency Name Department of Human Services
Agency Contact Person	Ryan Silvey (870) 773-0563
Contract or Grant No.	4600046341



SOCIAL WORK LICENSING BOARD ROSTER

[Print](#)

Nancy L. Bolin

Location: Rogers, AR**Level:** LCSW**License Number:** 3280-C**Date Issued:** 6/14/2017**Expiration:** 6/30/2025**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

Contract Number: 4600046341

Attachment Number: 8

Action Number: A06

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Page 1 of 2

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 Winona Gayle Connor

TAXPAYER ID NAME:

YOUR NAME: Winona Gayle Connor

ADDRESS: 174 CR 3610, Lamar, AR 72846

COUNTRY: UNITED STATES

IS THIS FOR: ☐ Goods? ☒ Services? ☐ Both?

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							
Constitutional Officer							
State Board or Commission Member							
State Employee		X	DHS Fam Srv Worker & Health Dept Soc Worker	10/92	04/13	Winona Connor	self

☐ None of the above applies

FOR AN ENTITY (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, 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 Number: 4600046341

Attachment Number: 8

Action Number: A06

Contract and Grant Disclosure and Certification Form

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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 **Winona G Connor** Digitally signed by Winona G Connor
Date: 2024.05.21 14:16:16 -05'00'

Title Home Study Specialist Date 05/21/24

Vendor Contact Person _____ Title _____ Phone No _____

Agency use only
Agency Number 0710 Agency Name _____ Department of Human Services

Agency Contact Person Ryan Silvey (870) 773-0563

Contract or Grant No. 4600046341

Contract Number: 4600046341

Attachment Number: 8

Action Number: A06

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.

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

SUBCONTRACTOR: SUBCONTRACTOR NAME:

☒ Yes ☐ No Alina Cheyenne Kelley

TAXPAYER ID NAME:

YOUR NAME: Alina Cheyenne Kelley

ADDRESS: 938 S. Eastview Dr., Fayetteville, AR 72701

COUNTRY: UNITED STATES

IS THIS FOR: ☐ Goods? ☒ Services? ☐ Both?

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:

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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							
Constitutional Officer							
State Board or Commission Member							
State Employee	X		UA adjunct professor at UA Fayetteville & LR	08/21	05/24	Alina Kelley	Self

☐ None of the above applies Extra help foster parent trainer/home study evaluator at UA Little Rock from 05/22 to current, Alina Kelley, self

FOR AN ENTITY (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, 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.

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	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

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2. I will include the following language as a part of any agreement with a subcontractor:

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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 Mr. MWJ Title Home Study Specialist Date 05/20/24

Vendor Contact Person _____ Title _____ Phone No _____

Agency use only			
Agency Number <u>0710</u>	Agency Name _____	Department of Human Services	Agency Contact Person <u>Ryan Silvey (870) 773-0563</u>
			Contract or Grant No. <u>4600046341</u>

Contract **N** 4600046341
Attachment **N** 8

Action **N** A06

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Page 1 of 2

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 Allison Elizabeth Fullen

TAXPAYER ID NAME:

IS THIS FOR: ☐ Goods? ☒ Services? ☐ Both?

YOUR NAME: Allison Fullen

ADDRESS: 6164 Grays Gap Rd., Fayetteville, AR 72704

COUNTRY: UNITED STATES

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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.]	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

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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 Russell Johnson, LCSW Title Home Study Specialist Date 5/21/2024

Vendor Contact Person _____ Title _____ Phone No _____

Agency use only	Department of Human Services	Agency Contact	Ryan Silvey (870) 773-0563	Contract or Grant No.
Agency Number <u>0710</u>	Agency Name _____	Agency Contact Person _____		<u>4600046341</u>

Contract Number: 4600046341
Attachment Number: 8

Action Number: A06

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: ☒ Yes ☐ No Nancy L. Bolln

SUBCONTRACTOR NAME:

TAXPAYER ID NAME:

YOUR NAME: Nancy L. Bolln

ADDRESS: 2314 W. Beech St., Rogers, AR 72756

COUNTRY: UNITED STATES

IS THIS FOR: ☐ Goods? ☒ Services? ☐ Both?

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:

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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							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☒ None of the above applies

FOR AN ENTITY (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, 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 Number: 4600046341

Attachment Number: 8

Action Number: A06

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 Home Study Specialist

Date

5/20/2004

Vendor Contact Person

Title

Phone No

Agency use only

Agency Number 0710

Agency Name Department of Human Services

Agency Contact Person Ryan Silvey (870) 773-0563

Contract or Grant No. 4600046341

Contract Number: 4600046341

Attachment Number: 8

Action Number: A06

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Page 1 of 2

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 Carley Jane Knight

IS THIS FOR:

☐ Goods? ☒ Services? ☐ Both?

TAXPAYER ID NAME:

YOUR NAME: Carley Jane Knight

Address: 2646 N. Valencia Ave., Fayetteville, AR 72703

COUNTRY: UNITED STATES

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.] 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

FOR AN ENTITY (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, 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? Person's Name(s)	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 Number: 4600046341

Attachment Number: 8

Action Number: A06

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 Home Study Specialist Date _____

Vendor Contact Person _____ Title _____ Phone No _____

Agency use only
Agency Number 0710 Agency Name _____ Department of Human Services Agency Contact Person Ryan Silvey (870) 773-0563 Contract or Grant No. 4600046341

Contract # 4600046341

Attachment # 8

Page 1 of 2

Action # A06

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 Allison Joann Hunter

TAXPAYER ID NAME:

IS THIS FOR: ☐ Goods? ☒ Services? ☐ Both?

YOUR NAME: Allison Joann Hunter

Address: 3207 Martin Drive, Springdale, AR 72762 (moving to 401 E. Seville St., Siloam Springs, AR 72771) COUNTRY: UNITED STATES

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 _____ Title Home Study Specialist Date 5/21/2024

Vendor Contact Person _____ Title _____ Phone No _____

Agency use only		Department of Human Services	Agency Contact	Contract or Grant No.
Agency Number	0710	Agency Name	Ryan Silvey (870) 773-0563	4600046341