### BID RESPONSE PACKET 710-24-010

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### **BID SIGNATURE PAGE**

Type or Print the following information.

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|   | PROSPE  | CTIVE CONTRACTO   | R'S INFOR                               | MATION                        |  |                                  |
|---|---|---|---|-------------------------------|--|----------------------------------|
| Company:  | Winn Counseling, PA   |   |   |                               |  |                                  |
| Address:  | 16861 School House  | Rd.   |   |                               |  |                                  |
| City:   | Siloam Springs  | State:  |   | AR                            | Zip Code:                                  | 72761                            |
| Business<br>Designation:  | □ Individual<br>□ Partnership   | □ Sole Proprie<br>☑ Corporation                                 | • |                               | Public Servi     Nonprofit                 | ce Corp                          |
| Minority and<br>Women-Owned<br>Designation*:  | <ul> <li>Not Applicable</li> <li>African American</li> <li>Asian American</li> <li>AR Certification #:</li> </ul> | □ American India<br>□ Hispanic Ameri<br>□ Pacific Islander<br>* | can<br>American                         | □ Women-C                     | Disabled Veterar<br>Dwned<br>n-Owned Busin |                                  |
|   | PROSPECTIV  | E CONTRACTOR CC<br>mation to be used for                        | NTACT INF                               | ORMATION                      | J  | ess roncy                        |
| Contact Person:   | Lyndon Winn   | Title:  | DIU SOIICItati                          |                               | nt, Winn Coun                              | seling                           |
| Phone:  | 479-549-7733  |   | ate Phone:                              | 479-549                       |  | sening                           |
| Email:  | winnd3@gmail.com  |   |   | 11000                         |  |                                  |
|   |   | FIRMATION OF RED  | ACTED CO                                | PY                            |  |                                  |
| documents will be released if requested.<br>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and<br>neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than<br>pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA).<br>See Bid Solicitation for additional information. |   |   |   |                               | other than                                 |                                  |
|   | ILLE  | GAL IMMIGRANT CO  | NFIRMATIO                               | N                             |  |                                  |
| employ or contract  | bmitting a response to this<br>t with illegal immigrants. If s<br>ants during the aggregate t                     | selected, Prospective   | ective Contr<br>Contractor c            | actor agrees<br>ertifies that | s and certifies th<br>it will not emplo    | nat it does not<br>y or contract |
|   | ISRAEL BO   | YCOTT RESTRICTIO  | ON CONFIR                               | MATION                        |  |                                  |
|   | ox below, Prospective Cont<br>during the aggregate term o   |   | ifies that it o                         | does not boy                  | cott Israel, and                           | if selected, will                |
| Prospective Contractor does not and will not boycott Israel.  |   |   |   |                               |  |                                  |
| The signature below   | ized to bind Prospective C<br>w signifies agreement that a<br>e Contractor's bid to be di                         | ny exception that con   |   |                               |  | icitation will                   |
| uthorized Signat  | ure: Indonte  | Fina, Lesat   | Title                                   | : Preside                     | nt, Winn Cou                               | nseling                          |
| Printed/Typed Nar   |   | l   | Date                                    | e: 5/22/24                    |  |                                  |

### **SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE**

- Any requested exceptions to items in this section which are <u>NON-mandatory</u> 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:    | Candon Winn, 1841   | 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.

| 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   |
|                                |                     |                        |
|                                |                     |                        |
|                                |                     |                        |
|                                |                     |                        |

Type or Print the following information

### □ 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:    | Endar Winn, LCS4    | Title: | President, Winn Counseling |
| Printed Name: | Lyndon Winn, LCSW   |        |                            |

### SERVICE AREA(S)

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

🛛 Area 1

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- 🗹 Area 2
- □ Area 3
- 🛛 Area 4
- 🖌 Area 5
- 🛛 Area 6
- 🗆 Area 7
- □ Area 8
- □ Area 9
- □ Area 10

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### **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

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

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

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

| ITEM | DESCRIPTION       | <b>ESTIMATED</b><br>QUANTITY | UNIT PRICE         | EXTENDED     |
|------|-------------------|------------------------------|--------------------|--------------|
|      | Home Study        | 476                          | \$ 700.00          | \$333,200.00 |
| N    | Home Study Update | 215                          | \$ 350.00          | \$75,250.00  |
|      |                   | ANN                          | 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.

Signature Under UTim Lyndon Winn Date: 122/24

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.

- 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.



### **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.

In Thurston

ohn Thurston 7 JOHN I NUFSION line Certuitaate Authorization Code: 09baff9ea33da82 Secretary of State 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.

May 22, 2024

Lyndon Winn, LCSW; President, Winn Counseling

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

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Lyndon Winn, LCSW; President, Winn Counseling

May 22, 2024

Date

has completed 12 hours of SAFE Training and is certified to perform SAFE Home Studies tificate of Lyndon U SAFE - Structured Analysis Family Evaluation Date(s): -This is to certify that May 17+18, 2011 in Losa C C moletion 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

Gigi Peters, LMSW Executive Director

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|                                       |                 | Date(s): | has completed 12 hours of SAFE Training and is certified to perform SAFE Home Studies | Carley Knight | This is to certify that | SAFE - Structured Analysis Family Evaluation | Certificate of C |
|---------------------------------------|-----------------|----------|---|---------------|-------------------------|--|------------------|
| Kelly Castaneda<br>Executive Director | Kelly Castaneda | 33       | o perform SAFE Home Studies   |               |                         | valuation                                    | ampletion        |

has completed 12 hours of SAFE Training and is certified to perform SAFE Home Studies ficate o SAFE - Structured Analysis Family Evaluation Date(s): March 17-18, 2011 ally Nantes This is to certify that į€ noletion Kathleen Cleary, Executive Director Consortium for Children . · '.



WINN COUNSELING 14792820473 From: Winona Connor

| SCHOOL OF SOCIAL MORY                                |
|--|
| (Jug) Peters   |
| TRAINING ACADEMY                                     |
| 9:00 AM - 4:00 PM<br>MidSOUTH Liftle Rock            |
| August 25, 2015 - August 26, 2015                    |
| for a total of 12.00 credit hours on                 |
| Training   |
| Structured Analysis Family Evaluation (SAFE)         |
| For attendance at                                    |
| Alison Fullen  |
|  |
| This certificate is presented to                     |
| Certificate of Attendance                            |
|  |
| مېروندېونې.<br>د د د د د د د د د د د د د د د د د د د |

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| For a total of 12.00 credit hou<br>08/26/2015<br>Nidsouth<br>Ning Academy<br>School of Social Work | Structured Analysis Family Evaluation (SAFE)<br>Training | For successfully completing | This certificate is presented to | Cortificato of Comm |
|--|--|-----------------------------|----------------------------------|---------------------|
| dit hours on<br>5<br>Gigi Peters, LMSW<br>Executive Director                                       | / Evaluation (SAFE)                                      | leting                      |                                  |                     |

### LYNDON WINN, LCSW

Permanent Address: 16861 School House Road, Siloam Springs, AR 72761 Cell phone: 479-549-7733 <u>winnd3@gmail.com</u>

May 22, 2024

### **EDUCATION**

22

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-Ioan 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 CERTFIED 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

| 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   | Julie 2010                                      |
| <ul> <li>Phi Alpha member, National Honor Society for Social Work students</li> </ul>   |   |
| NASW member, National Association for Social Workers  |   |
| SOCIAL WORK   |   |
| Psychology and Counseling Associates  | Fayetteville, AR                                |
| Mental Health Professional  | January 2024 – present                          |
| <ul> <li>Facilitate individual therapy and family sessions, process documentation, utilize frameworks inc<br/>DBT, Person Centered and Solution Focused</li> </ul>                                      |   |
| Eason Counseling & Associates   | Rogers, AR                                      |
| -   | ruary 2022 – December 2023                      |
| <ul> <li>Facilitated individual therapy and family sessions both office based, and Bentonville school base</li> </ul>   |   |
| documentation and utilized frameworks including TF-CBT, CBT, CPP, DBT, Person Centered and S<br>Overly Cuidence Center  |   |
| Ozark Guidance Center School Based Mental Health Professional A   | Fayetteville, AR<br>August 2020 – February 2022 |
| <ul> <li>Facilitated individual therapy and family sessions, processed documentation, utilized framework<br/>CPP, DBT, Person Centered and Solution Focused</li> </ul>                                  |   |
| Cardinal Care Center  | Farmington, AR                                  |
| MSW Intern  | August 2019 – May 2020                          |
| <ul> <li>Facilitated individual therapy sessions, assisted with insurance processing, researched and utilize<br/>CBT, DBT, Person Centered and Solution Focused, engaged in community events</li> </ul> | ed frameworks including;                        |
| 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 BSW Intern   | Dangriga, Belize<br>May – June 2018             |
| <ul> <li>Developed and implemented projects on the micro, mezzo, and macro levels with the goal of im<br/>social and economic well-being of community members</li> </ul>                                | iproving  |
| Ozark Guidance Center, Therapeutic Day Treatment  | Springdale, AR                                  |
| BSW Intern  | January – May 2018                              |
| <ul> <li>Assisted case manager, therapists, and teachers with various activities with the end goal of stabi</li> </ul>  | • •   |
| child's behavior in a structured behavioral management environment<br>WORK  |   |
| Barre3 Instructor   | Fayetteville, AR                                |
| Group Fitness Instructor  | August 2021 – Present                           |
| <ul> <li>60-minute class of barre training mixed with cardiovascular exercises designed to suit fitness lev</li> </ul>  | els of all participants                         |
| Fellowship Bible Church   | Little Rock, AR                                 |
| Student Ministries Administrative Assistant   | July 2018 – May 2019                            |
| <ul> <li>Responsibilities involved database management, organizational communication, and event coor<br/>Assistant to Professor</li> </ul>  |   |
| Assistant to Professor<br>Student Research Assistant to Professor Dr. H.L. Goodwin, Agriculture Business Department   | Fayetteville, AR<br>May 2016 – May 2018         |
| Responsibilities involved extensive literature searches, data collection, and preliminary analysis     VOLUNTEER WORK   | May 2010 - May 2018                             |
| 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                           |
| Perso at Using Family Shelter Velusteer   | ,<br>Ferretterille & D                          |

Peace at Home Family Shelter Volunteer .

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EDUCATION

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May 2019 – March 2020 Fayetteville AR Nancy L. Bolin, LCSW

Mental Health Professional

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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, Litt                                | le Rock, Arkansas   | May 2000     |
| Bachelor of Arts, Social Work                               |                     |              |
| University of Arkansas, Fay                                 | etteville, Arkansas | May 1998     |
|   | EMPLOYMENT HISTORY  |              |
| Arkansas Blue Cross Blue Shield<br>Social Work Case Manager | Little Rock, AR     | 7/18-present |
| New Directions Behavioral Health<br>Case Manager            | Kansas City, MO     | 10/17-7/18   |
| Northwest Medical Center<br>Mental Health Professional      | Springdale, AR      | 1/15 – 10/17 |
| Youthbridge Emergency Shelter                               | Centerton, AR       | 1/13 - 6/14  |

### Alina Kelley, LMSW

479-283-7215

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397 E Evergreen Ln. Fayetteville, AR 72703

### **EDUCATION**

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

### **EMPLOYMENT**

### MidSouth UALR

Part-time Foster Parent Trainer

### Washington County Juvenile Detention Center

Social Worker (interned August 2013-May 2014)

- · 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

Community Support Professional

- 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       |
| <ul> <li>Conducted assessments upon intake of clients</li> </ul>                        |                            |
| <ul> <li>Led groups and assisted with discharge planning on adult and ad</li> </ul>     | olescent units             |
| EOA Children's House  | Springdale, AR             |
| University of Arkansas Intern   | January 2013-May 2013      |
| <ul> <li>Created conflict management training to be utilized for staff train</li> </ul> | ning                       |
| <ul> <li>Assisted in family engagement with families of abused/neglected</li> </ul>     | l 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                              | y set of events            |
| <ul> <li>Created resource lists to serve pantry recipients</li> </ul>                   |                            |
| 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

alinakelley@yahoo.com

University of Arkansas University of Arkansas

Favetteville, AR August 2015-present

Fayetteville, AR May 2014-present

Springdale, AR

January 2010-present

### ALLISON FULLEN

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



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NASW Arkansas Chapter Board of Directors 2007 – 2012

Central Arkansas Representative, President Elect, President

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### ALLISON HUNTER

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### 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

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







License No.

2558-C

## Arkansas Department of Health Social Work License Card

Expiration Date:

12/31/2024

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

Social Work Licensing Board,-Card bearer is licensed and in good standing with the Arkansas Tammy Chartton, Luca

Char

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



### Arkansas Department of Health Social Work License Card

License No. Expiration Date: 7299-C 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 Char Hon, Longer

Chair



<sup>:</sup> hotoScan by Google Photos



### Arkansas Department of Health Social Work License Card

License No.

**Expiration Date:** 

10/31/2024

10068-C 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, Lugu

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### Arkansas Department of Health Social Work License Card

**Expiration Date:** 

6/30/2023

License No. 3280-C Nancy L. Bolin, LCSW 2314 W Beech Rogers AR 72756

Card bearer is licensed and in good standing with the Arkansas

Social Work Licensing Board. Debra Sage And Dud. Low

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| _      |                                     |   |   |   |  | S                                       | ✓ None of the above applies  |
|--------|-------------------------------------|---|---|---|--|---|--|
|        |                                     |   |   |   |  |   | State Employee   |
|        |                                     |   |   |   |  |   | State Board or Commission<br>Member  |
|        |                                     |   |   |   |  |   | Constitutional Officer   |
|        |                                     |   |   |   |  |   | General Assembly   |
|        | Position of<br>Control              | Ownership<br>Interest (%)                       | Person's Name(s)  | From To<br>MM/YY MM/YY  | board/commission, data entry, etc.]  | Current Former                          |  |
|        | erest and/or                        | % of ownership inte<br>control?                 | What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?  | For How Long?   | Name of Position of Job Held<br>Isonator, representative, name of  | Mark (v)                                | Position Held  |
| lional | sembly, Constitu<br>d or Commission | of the General As:<br>)fficer, State Board      | 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, 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. | ol or hold any ownersh<br>ter, parent, or child of a<br>policies or influence t | llowing persons, current or former, hold any position of control or hold any ownership interest of 10% or great<br>ission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General<br>Position of control means the power to direct the purchasing policies or influence the management of the er | ) Member, State E<br>ion of control mea | Indicate below if any of the followin<br>Officer, State Board or Commissio<br>Member, or State Employee. Posil |
|        |                                     |   | BUSINESS)*  | TITY (  | FOR AN EN  |   |  |
|        |                                     |   |   |   |  | S                                       | ✓ None of the above applies  |
|        | 3                                   |   |   |   |  |   | State Employee   |
|        |                                     |   |   |   |  |   | State Board or Commission<br>Member  |
|        |                                     |   |   |   |  |   | Constitutional Officer   |
|        |                                     |   |   |   |  | -                                       | General Assembly   |
|        | Relation                            |   | Person's Name(s)  | From To<br>MM/YY MM/YY  | board/ commission, data entry, etc.]   | Current Former                          |  |
|        | ou?<br>c.]                          | e they related to yo<br>hublic, Jr., child, etc | What is the person(s) name and how are they related to you?<br>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]   | For How Long?   | Name of Position of Job Held<br>[senator, representative, name of  | Mark (ଏ)                                | Position Held  |
| Ission | Board or Comm                       | onal Officer, State                             | 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:   | pouse is a current or fo  | ster, parent, or child of you or your s  | or the brother, si                      | Indicate below if: you, your spouse<br>Member, or State Employee:  |
|        |                                     |   | UALS*   | INDIVID   | FOR  |   |  |
|        | P '                                 | IGREEMENT<br>ISED:                              | DR RENEWING A CONTRACT. LEASE. PURCHASE AGREEMENT<br>THE FOLLOWING INFORMATION MUST BE DISCLOSED:   | NR RENEWING /<br>THE FOLLOWIN   | <u>AS A CONDITION OF OBTAINING. EXTENDING. AMENDING. OR RENEWING A CONTRACT. LEAD OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION</u>   | ITAINING, E<br>H ANY ARK                | AS A CONDITION OF OF<br>OR GRANT AWARD WIT   |
|        |                                     |   |   |   |  |   |  |
| STATES | COUNTRY: UNITED ST                  | COUNTRY   |   | -   | ad, Siloam Springs, AR 72761   | ool House Road,                         | ADDRESS: 16861 School House  |
|        |                                     |   |   |   |  | nn                                      | YOUR NAME: Lyndon Winn   |
| Both?  |                                     | ✓Services?                                      | IS THIS FOR:  |   |  | iseling PA                              | TAXPAYER ID NAME: WINN Counseling PA   |
|        |                                     |   |   |   |  | SUBCONTRACTOR NAME:                     | SUBCONTRACTOR: SUB   |
|        |                                     | Agency.   | Action Number: 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.   | DISCLOSURE  | CONTRACT AND GRANT DISCLOSURE AND CERTIFICA<br>ay result in a delay in obtaining a contract, lease, purchase agreement, or grant awan  | ng information ma                       | Action Number: A06<br>Failure to complete all of the follow  |
|        | Page 1 of 2                         |   |   |   |  |   | Attachment Number: 8   |

Contract Number: 4600046341

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v.

| Agency Department of Human Agency Contact Ryan Silvey (870) 773-0563 Contract or Name Person Grant No. 4600046341  | <u>Agency use only</u><br>Agency 0710 Agency<br>Number 0710 Name  |
|--|---|
|  |   |
| Vendor Contact Person Lyndon Winn, LCSW Title President, Winn Counseling Phone No (479) 549-7733   | Vendor Contact Person   |
| Title President, Winn Counseling Date 05/22/24   | Signature   |
| L certify under penalty of periury, to the best of my knowledge and belief, all of the above information is true and correct and that Lagree to the subcontractor disclosure conditions stated herein.   | L certify under penalty that Lagree to the sub  |
| 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.   | 3. No later than ten (10)<br>copy of the Contrac<br>amount of the subcom  |
| 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.  | Failure to make a<br>pursuant to that O<br>violates any rule, r   |
| I will include the following language as a part of any agreement with a subcontractor:   | 2. I will include the follow  |
| Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a <b>CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM.</b> 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. | <ol> <li>Prior to entering into a<br/>CONTRACT AND GRAN<br/>whereby I assign or ot<br/>of my contract with the</li> </ol> |
| As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:   | As an additional conditio   |
| 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.  | Failure to make any disci<br>that Order, shall be a ma<br>disclosure or who violates                                      |
| A06 Contract and Grant Disclosure and Certification Form   | Attachment Number: 8<br>Action Number: A06  |
|  |   |

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Contract Number: 4600046341

DHS Revision 7/21

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## SOCIAL WORK LICENSING BOARD ROSTER



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 Print

|   |                                    |   |   |   |   |  |                                     | State Employee   |
|---|------------------------------------|---|---|---|---|--|-------------------------------------|--|
|   |                                    |   |   |   |   |  |                                     | Member   |
|   |                                    |   |   |   |   |  |                                     | State Board or Commission  |
|   |                                    |   |   |   |   |  |                                     | Constitutional Officer   |
|   |                                    |   |   |   |   |  |                                     | General Assembly   |
| rship Position of<br>st (%) Control                               | Ownership<br>Interest (%)          | Person's Name(s)  | n To<br>Y MM/YY   | From<br>MM/YY                             | board/commission, data entry, etc.]   | Former                                   | Current                             |  |
| ship interest and/or  | r % of owners<br>f control?        | What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?  | For How Long?   | For t                                     | Name of Position of Job Held  | Mark (v)                                 | Ма                                  | Position Held  |
| teral Assembly, Constitutional<br>te Board or Commission          | er of the Gene<br>I Officer, State | 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, 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. | old any owners<br>rent, or child of<br>les or influence | ontrol or h<br>sister, pau<br>sing polici | Nowing persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in<br>nission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Asse<br>Position of control means the power to direct the purchasing policies or influence the management of the entity. | ns, current<br>er, State E<br>ontrol mea | ng persol<br>In Memb<br>Ition of ce | Indicate below if any of the followil<br>Officer, State Board or Commissic<br>Member, or State Employee. Pos |
|   |                                    | BUSINESS)*  | ITY (   | NTI                                       | FOR AN E  |  |                                     |  |
|   |                                    |   |   |   |   |  | 89<br>S                             | None of the above applies  |
| self  |                                    | Winona Connor   | 04/13   | ter 10/92                                 | DHS Fam Srv Worker & Health Dept Soc Worker   | ×  |                                     | State Employee   |
|   |                                    |   |   |   |   |  |                                     | State Board or Commission<br>Member  |
|   |                                    |   |   |   |   |  |                                     | Constitutional Officer   |
|   |                                    |   |   |   |   |  |                                     | General Assembly   |
| Relation  |                                    | Person's Name(s)  | а То<br>77 ММ/ҮҮ  | From                                      | board/ commission, data entry, etc.]  | Former                                   | Current                             |  |
| ted to you?<br>child, etc.]                                       | are they relate<br>Public, Jr., c  | What is the person(s) name and how are they related to you?<br>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]   | For How Long?   | <u> </u>                                  | Name of Position of Job Held<br>[senator, representative, name of   | Mark (v)                                 | Ma                                  | Position Held  |
| neral Assembly, Constitutional Officer, State Board or Commission | itional Officer                    | ormer: member of the General Assembly, Constitu   | <i>is</i> a current or fi                               | r spouse i                                | 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 Ge<br>Member, or State Employee:   | brother, si                              | e or the l                          | Indicate below if: you, your spous<br>Member, or State Employee:   |
|   |                                    | UALS*   | DIVID   | ΙN  | FOR   |  |                                     |  |
| VIENT.  | AGREEN<br>OSED:                    | DR RENEWING A CONTRACT. LEASE. PURCHASE AGREEMENT.<br>THE FOLLOWING INFORMATION MUST BE DISCLOSED:  | ENEWING /<br>FOLLOWIN                                   |   | <u>AS A CONDITION OF OBTAINING. EXTENDING. AMENDING. OR RENEWING A CONTRACT. LE</u><br><u>OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION</u>  | ling, E<br>Y ARK                         | BTAIN<br>TH AN                      | AS A CONDITION OF O<br>OR GRANT AWARD WI   |
|   |                                    |   |   |   |   |  |                                     |  |
| COUNTRY: UNITED STATES  | 2                                  |   |   |   | २ 72846   | amar, AF                                 | 610, La                             | ADDRESS: 174 CR 3610, Lamar, AR 72846  |
|   |                                    |   |   |   |   | onnor                                    | ayle C                              | YOUR NAME: Winona Gayle Connor   |
| ✓Services? Both?  | √Se                                | IS THIS FOR:<br>Goods?  |   |   |   |  |                                     | -<br>TAXPAYER ID NAME:   |
|   |                                    |   |   |   |   | SUBCONTRACTOR NAME:<br>Cayle Connor      | ayle Cu                             | SUBCONTRACTOR: SUBCONTRACTOR NA  |
|   | le Agency.                         | Action Number: 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.   | CLOSURE   | NT DIS                                    | CONTRACT AND GRANT DISCLOSURE AND CERTIFICA<br>av result in a delay in obtaining a contract, lease, purchase agreement, or grant awar   | mation ma                                | ving infor                          | Action Number: A06 Failure to complete all of the follov   |
| Page 1 of 2   |                                    |   |   | F   | ,   |  |                                     |  |
|   |                                    |   |   |   |   |  | 6341                                | Contract Number: 4600046341  |

A CARLON AND A CAR

| Agency use only       Department of Human       Agency Contact       Ryan Silvey (870) 773-0563       Contract or         Agency       0710       Agency       Services       Person       Grant No.       40 | Lcertify under penalty of periury, to the best of my knowledge and belief, all of the above information is true and correct and that Lagree to the subcontractor disclosure conditions stated herein.         Signature       Winona G Connor       Digitally signed by Winona G Connor         Title       Home Study Specialist       Date       05/21/24         Vendor Contact Person       Title       Title       Phone No | <ol> <li>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.</li> </ol> | 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 | 2. I will include the following language as a part of any agreement with a subcontractor: | 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. | As an additional condition of obtaining, extending, amending, or renewing a contract with a <i>state genery</i> I agree as follows: | 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 avency. | Attachment Number: 8 Action Number: A06 Contract and Grant Disclosure and Certification Form |
|---|--|--|--|---|--|---|---|--|
| ract or4600046341<br>t No   | ue and correct and<br>05/21/24   | ontract date, I will mail a<br>ent containing the dollar   | ation, or policy adopted<br>puired disclosure or who   |   | contractor to complete a<br>m I enter an agreement<br>d of me under the terms  |   | licy adopted pursuant to<br>its to make the required  |  |

Page 2 of 2

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Contract Number: 4600046341

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| Attachment Number: 8  |  |   |   |   | Page 1 of 2            |
|---|--|---|---|---|------------------------|
| Action Number: A06 CONTRACT AND GRANT DISCLOSURE AND CERTIFICAT<br>Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award  | ND GRANT DISC  |   | CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM<br>ay result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency. | gency.  |                        |
| SUBCONTRACTOR: SUBCONTRACTOR NAME:  |  |   |   |   |                        |
| TAXPAYER ID NAME:   |  |   | IS THIS FOR:<br>Goods?  | √Services?                                    | s? Both?               |
| YOUR NAME: Alina Cheyne Kelley  |  |   |   |   |                        |
| ADDRESS: 938 S. Eastview Dr., Fayetteville, AR 72701  | 701  |   |   | COUNTRY:                                      | COUNTRY: UNITED STATES |
|   |  |   |   |   |                        |
| AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY   |  | NEWING A.   | DR RENEWING A CONTRACT. LEASE. PURCHASE AGREEMENT.<br>THE FOLLOWING INFORMATION MUST BE DISCLOSED:  | AREEMENT.<br>IED:                             |                        |
|   | FOR IND  | IVID  | UALS*   |   |                        |
| Indicate below its, 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:  | of you or your spouse is   | a current or form   | er: member of the Gerjeral Assembly, Constitution   | al Officer, State B                           | oard or Commission     |
| Position Held Mark (v) Name of Position of Job Held   | ·  | For How Long?   | What is the person(s) name and how are they related to you?<br>[i.e., jane Q. Public, spouse, John Q. Public, Jr., child, etc.]   | hey related to you<br>blic, Jr., child, etc.) | - 7                    |
| Current Former b  | data entry, etc.] From<br>MM/YY  | Jo<br>MM:YY   | Person's Name(s)  | R   | Relation               |
| General Assembly  |  |   |   |   |                        |
| Constitutional Officer  |  |   |   |   |                        |
| State Board or Commission   |  | <b>~</b>  |   |   |                        |
| ployee, X   | UA adjunct professor at UA Fayetteville & LR 08/21                                   | 05/24   | Alina Kelley  |   | Self                   |
| None of the above applies Extra help fos  | Extra help foster parent trainer/home study evaluator at UA Litt                     | name study e  | valuator at UA Little Rock from 05/22 to current, Alina Kelley, self  | o current, Alin                               | ıa Keliey, self        |
| FOR   | AN ENTITY  | ( B   | USINESS)*   |   |                        |
| 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, 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 of control or ho<br>use, brother, sister, pare<br>ct the purchasing policie | ld any ownership<br>ent, or child of a m<br>is or influence the | interest of 10% or greater in the entity: member of<br>rember of the General Assembly, Constitutional Off<br>management of the entity.  | the General Asse<br>ficer, State Board        | er Commission          |
| Position Held Mark (v) Name of Position of Job Held   | of Job Held For H  | 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?  | of ownership intere<br>Introl?                | est and/or             |
| Current Former board/commission, data entry, etc.]  | ata entry, etc.] From<br>MM/YY   | To<br>MM/YY   | Person's Name(s)  | Ownership<br>Interest (%)                     | Position of<br>Control |
| General Assembly  |  |   |   |   |                        |
| Constitutional Officer  |  |   |   |   |                        |
| State Board or Commission   |  |   |   |   |                        |
| State Employee  |  |   |   |   |                        |
| None of the above applies   |  |   |   |   |                        |

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Contract Number: 4600046341

| Agency Use only       Department of Human       Agency Contact       Ryan Silvey (870) 773-0563       Contract or         Agency       0710       Agency       Services       Person       Grant No.       46000         Number       Name       Services       Person       Grant No.       46000 | Lcertify under penalty of periury. 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       Image: Condition of 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       Image: Condition of 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       Image: Condition of 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       Image: Condition of 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       Image: Condition of the best of my knowledge and belief. Title         Vendor Contact Person       Image: Condition of the best of the bes | 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. | 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. | 2. I will include the following language as a part of any agreement with a subcontractor: | <ul> <li>As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency Lagree as follows:</li> <li>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.</li> </ul> | 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. | Attachment Number: 8 Action Number: A06 Contract and Grant Disclosure and Certification Form |
|--|---|---|---|---|--|---|--|
| act or 4600046341  | <i>ie and correct and</i><br>5/20/24  | ntract date, I will mail a<br>nt containing the dollar  | tion, or policy adopted<br>uired disclosure or who  |   | ontractor to complete a<br>1 I enter an agreement<br>1 of me under the terms   | <u>cv adopted pursuant to</u><br>'s to make the required  |  |

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Contract Number: 4600046341

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Page 2 of 2

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| Contract N 4600046341  | 341  |  |   |   |   |
|--|--|--|---|---|---|
| Attachment Na 8  |  | •  | I   |   | Page 1 of 2   |
| Action Na AU6  | ing informati                                  | Action Na A06 CONTRACT AND GRANT DISCLOSURE AND CERTIFICAT<br><u>Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award</u> | DISCLOSURE  | AND CERTIFICATION FORM<br>agreement, or grant award with any Arkansas State Agency.   | Agency.   |
| SUBCONTRACTOR: SUBCONTRACTOR NAME:<br>Yes No Allison Elizabeth Fullen  | CONTRACTOR                                     | Ien  |   |   |   |
| TAXPAYER ID NAME:  | e.   |  |   |   | Services? Both?   |
| YOUR NAME: Allison Fullen  | len  |  |   |   |   |
| ADDRESS: 6164 Grays Gap Rd.,   | s Gap Rd.                                      | ., Fayetteville, AR 72704  | -   |   | COUNTRY: UNITED STATES  |
|  |  |  |   |   |   |
| AS A CONDITION OF OL<br>OR GRANT AWARD WIT   | BTAINING<br>TH ANY A                           | <u>AS A CONDITION OF OBTAINING. EXTENDING. AMENDING. OR RENEWING A CONTRACT. LEA</u><br>OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION   | NR RENEWING L<br>THE FOLLOWIN   | LCONTRACT. LEASE. PURCHASE AGREEMENT  | GREEMENT.<br>SED:   |
|  |  | FOR  | INDIVID   | UALS*   |   |
| Indicate below if: you, your spouse<br>Member, or State Employee:  | e or the broth                                 | ner, sister, parent, or child of you or your sp  | pouse is a current or fo  | 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:   | nal Officer, State Board or Commission  |
| Position Held  | Mark (v)                                       | A Name of Position of Job Held<br>Isenator, representative, name of  | For How Long?   | What is the person(s) name and how are they related to you?<br>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]   | they related to you?<br>ublic, Jr., child, etc.]                              |
|  | Current Former                                 | в  | From To<br>MM/YY MM/YY  | Person's Name(s)  | Relation  |
| General Assembly   |  |  |   |   |   |
| <b>Constitutional Officer</b>  |  |  |   |   |   |
| State Board or Commission<br>Member  |  |  | -   |   |   |
| State Employee   |  |  |   |   |   |
| $\checkmark$ None of the above applies   | ŝ  |  |   |   |   |
|  |  | FOR AN EN  | NTITY (;  | BUSINESS)*  |   |
| Indicate below if any of the followin<br>Officer, State Board or Commissio<br>Member, or State Employee. Posil | ig persons, c<br>n Member, S<br>tion of contro | urrent or former, hold any position of contr<br>state Employee, or the spouse, brother, sis<br>and the power to direct the purchasing  | ol or hold any ownersh<br>ter, parent, or child of a<br>policies or influence t | 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, 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. | of the General Assembly, Constitutional<br>officer, State Board or Commission |
| Position Held  | Mark (v)                                       | Name of Position of Job Held   | 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?  | 6 of ownership interest and/or<br>pontrol?                                    |
|  | Current Former                                 | mer board/commission, data entry, etc.)  | From To<br>MM/YY MM/YY  | Person's Name(s)  | Ownership Position of Interest (%) Control                                    |
| General Assembly   |  |  | -   |   |   |
| Constitutional Officer   |  |  |   |   |   |
| State Board or Commission<br>Member  |  |  |   |   |   |
| State Employee   |  |  |   |   |   |
| ✓ None of the above applies  | 5  |  |   |   |   |
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| Agency<br>Agency<br>Number                      | Vei                   | Sig  | <u>ب</u>   |   | Ņ  | . <u> </u>   | As disc  | ₽   |
|---|-----------------------|--|--|---|--|--|--|---|
| <u>Agency use only</u><br>Agency 0710<br>Number | Vendor Contact Person | l certify under penalty of periury, to the best of my knowledge and belief, all of the<br>that I agree to the subcontractor disclosure conditions stated herein.<br>Signature గిగుమార్యాలియా, LCSW Title Home Study Specialist | 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. | Fail<br>purs<br>violc   | I will include the following language as a part of any agreement with a subcontractor: | Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract <b>CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM</b> . Subcontractor shall mean any whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of my contract with the state agency. | 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, or renewing a contract with a state agency I agree as follows: | Contract 14 40<br>Attachment 14 8<br>Action 14 A                        |
|   | ontact F              | nder p<br>ie to th<br>પ્રિક્ર  | . than te<br>the <b>Co</b><br>of the s   | ure to 1<br>uant to<br>ttes any   | lude the   | entering<br>CT AND<br>/ I assig<br>pntract w   | nake an<br>shall bo<br>r who y   | ontract N <u>H</u> 4600<br>Inment N <u>H</u> 8<br>Action N <u>H</u> A06 |
| Agency<br>Name                                  | erson_                | r penalty of periury, to the<br>p the subcontractor disclos<br>గిట్లూన్ ఎంట్లా , L.S.W   | n (10) c<br>NTRACT<br>ubcontr  | nake an<br>that Or<br>rule, reg   | ) followir   | into an<br>GRANT<br>n or oth<br>ith the s  | <u>v disclo</u><br><u>a mate</u><br>iolates a  | Action Na A006  |
| Depa  |                       | of peri<br>ontrac  | lays afte<br>AND GR<br>act to th   | y disclo<br>der, sha<br>zulation,   | ng langu   | y agree<br>DiscLo<br>erwise c<br>tate age  | sure reg<br>rial bre<br>nv rule.   |   |
| Department of Human<br>Services                 |                       | ערצי. to<br>tor dis<br>תר גרנ  | er enteri<br>ANT Dis<br>e state a  | sure reall be a to<br>or polic  | lage as  | ment wi<br>SURE A<br>lelegate<br>hocy.   | <i>uired b</i> y<br>ach of 1<br>regulat  | Con   |
| f Human<br><sup>3</sup> S                       |                       | the be<br>closurs<br>S√  | ng into<br>icLosur<br>agency.  | quired <i>l</i><br>naterial<br>cy shall   | a part o   | th any s<br>to the p   | <u>e Gover</u><br><u>he tern</u><br>ion. or 1  | tract a   |
|   |                       | st of n  | any agr<br>RE AND (  | 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. | f any ag   | subcontr<br>rIFICATIC<br>verson o  | n <i>or's Es</i><br>s. of thi<br>policy sh   | Contract and Grant Disclosure and Certification Form                    |
| Agency Contact<br>Person                        |                       | <u>ıv kno</u> v<br>itions s  | eement<br>Certific   | rnor's E<br>of the te<br>ct to all  | reemen   | actor, pr<br>on Form<br>or entity,   | <i>cecutive</i><br><u>s contra</u><br><u>all be su</u>   | rant D  |
| on .  | Title                 | <i>vledge</i><br><i>tated I</i><br>Tit   | with a s<br>ATION F  | Executive<br>erms of<br>legal ren   | t with a   | ior or su<br>1. Subcc<br>for cons  | Order 9<br>ct. Any<br>ubject to  | isclos  |
| Ryan  | <b>e</b>              | <b>re and belief. all of the</b><br><b>I herein.</b><br>Title <sup>Home</sup> Study Specialist   | ORM co   | e Order<br>this sub<br>nedies a   | subcont  | ubseque<br>ontractor<br>sideration   | <u>8-04. o</u><br><u>contrac</u><br>all lega   | ure a   |
| Ryan Silvey (870) 773-0563                      |                       | e <i>lief, a</i><br>e Study t  | actor, v<br>mpleted  | 98-04,<br>contract<br>vailable  | ractor:  | nt to the<br>shall n<br>n, all, or   | <u>. any vi</u><br>tor, whe<br>tremedi   | nd Ce   |
| 70) 773-  |                       | <b>ll of th</b><br>Specialis   | /hether<br>by the  | or any<br>The pa<br>to the c  |  | e contra<br>nean an<br>any pa  | vlation_c<br>ther_an<br>les_avail  | rtifica   |
| -0563   |                       |  | prior or<br>subcon   | violatic<br>urty whe<br>contracte   |  | ct date,<br>iy perso<br>rt, of the   | of any r<br>individ<br>able to 1   | tion F  |
|   |                       | e info   | subsec<br>tractor  | n of ar<br>9 fails to<br>9r.  |  | l will re<br>n or er<br>∍ perforr  | any rule <u>, regulation, or po</u><br>udividual or entity, who fa<br>le to the agency.  | orm   |
|   | _Phone No             | <i>matio</i><br>Date   | luent to<br>and a s  | y rule,<br>9 make   |  | quire th<br>tity with<br>nance r   | ulation.<br>mtity  |   |
| Contract or<br>Grant No.                        | e No                  | <u>n is tru</u><br>5/  | the con<br>tatemer   | regulat<br>the requ   |  | e subcc<br>1 whom<br>equired   | <u>ar poli</u> u<br><u>ho fails</u><br>Inws:   |   |
|   |                       | above information is true and correct and  | itract de<br>it conta  | ion, or<br>ired dis   |  | date, I will require the subcontractor to complete a<br>person or entity with whom I enter an agreement<br>of the performance required of me under the terms   | r adop   |   |
| 4600046341                                      |                       | correc   | ate, I wi<br>ining th  | policy<br>closure   |  | r to con<br>· an agu<br>ınder th   | ted_purs<br>ke the t   |   |
|   |                       | t and  | II mail a<br>e dollar  | adopted<br>or who   |  | date, I will require the subcontractor to complete a<br>person or entity with whom I enter an agreement<br>of the performance required of me under the terms   | any rule, regulation, or policy adopted pursuant to<br>dividual or entity, who fails to make the required<br>le to the agency.   |   |

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|   |                               |  |  |   |   | None of the above applies   |
|---|-------------------------------|--|--|---|---|---|
|   |                               |  |  |   |   | State Employee  |
|   |                               |  |  |   |   | State Board or Commission<br>Member   |
|   | ,                             |  |  |   |   | Constitutional Officer  |
|   |                               |  |  |   |   | General Assembly  |
| hip Pasition of                                       | Ownership                     | Person's Name(s)   | From To<br>MMYY MMYY   | board/commission, data entry, etc.)   | Current Former                                      | Cu  |
| hip interest and/or                                   | of ownersh<br>pntrol?         | What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?   | For How Long?  | Name of Position of Job Held  | Mark (V)  | Position Held   |
| ral Assembly, Constitutional<br>a Board or Commission | of the Gener<br>fficer, State | unucate celow it any of the toilowing 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, 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. | of or hold any owne<br>ter, parent, or child i<br>3 policies or influenc | t or former, hold any position of contu<br>Employee, or the spouse, brother, sis<br>ins the power to direct the purchasin | ersons, curren<br>lember, State I<br>of control mea | Indicate below it any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in<br>Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Asse<br>Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity. |
|   |                               | (BUSINESS)*  | NTITY  | FOR AN EN   |   |   |
|   |                               |  |  |   |   | LV None of the above applies  |
|   |                               |  |  |   |   | State Epiployee   |
|   |                               |  |  |   |   | State Board or Commission<br>Member   |
|   |                               |  |  |   |   | Constitutional Officer  |
|   |                               |  |  |   |   | General Assembly  |
| Relation  |                               | Person's Name(s)   | From To<br>MM/YY MM/YY   | board/ commission, data entry, etc.]  | Current Former                                      | Сц  |
| ad to you?<br>hild, etc.]                             | they relate ublic, Jr., ch    | What is the person(s) name and how are they related to you?<br>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]  | For How Long?  | Name of Position of Job Held<br>[senator, representative, name of   | Mark (V)  | Position Held   |
| State Board or Commission                             | nal Officer,                  | 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:  | pouse <i>is</i> a current o  | ster, parent, or child of you or your s   | r the brother, s                                    | Indicate below if: you, your spouse o<br>Member, or State Employee:   |
|   |                               | DUALS*   | INDIVID  | FOR   |   |   |
| IENT.   | GREEM<br>SED:                 | <u>A CONTRACT. LEASE. PURCHASE AGREEMENT</u><br>ING INFORMATION MUST BE DISCLOSED:   | DR RENEWING<br>THE FOLLOW  | XTENDING. AMENDING. C<br>ANSAS STATE AGENCY,  | AINING. E<br>ANY ARK                                | AS A CONDITION OF OBTAINING. EXTENDING. AMENDING. OR RENEWING A CONTRACT. LEASI<br>OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION M   |
|   |                               |  |  |   |   |   |
| COUNTRY: UNITED STATES                                | 8                             |  |  | 2314 W. Beech St., Rogers, AR 72756   | ch St., Rog   | ADDRESS: 2314 W. Ber  |
|   |                               |  |  |   | 'n  | YOUR NAME: Nancy L. Bolin   |
| Services? Both?                                       | ۲ Se                          | IS THIS FOR:   |  |   |   | TAXPAYER ID NAME:   |
|   |                               |  |  |   | SUBCONTRACTOR NAME:<br>L. Bolin                     | Yes No Nancy L. Bolin   |
| - 230<br>   | Agency.                       | Action Number: A06 CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM Failure to complete all of the following information may result in a delay h obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.   | • DISCLOSUR  | CONTRACT AND GRANT<br>av result in a delay in obtaining, a con  | Information m                                       | Action Number: A06<br>Failure to complete all of the following  |
|   |                               |  |  |   | :   |   |
|   |                               |  |  |   | 41  | Contract Number: 4600046341   |

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|                             |
| Contract Number: 4600046341 |

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|   |   |   |  | S  | None of the above applies   |          |
|---|---|---|--|--|---|----------|
|   |   |   |  |  | State Employee  |          |
|   |   |   |  |  | State Board or Commission<br>Member   |          |
|   |   |   |  |  | Constitutional Officer  |          |
|   |   |   |  |  | General Assembly  | -        |
| Ownership Position of<br>Interest (%) Control                                 | Person's Name(s)  | From To<br>MM/YY MM/YY  | board/commission, data entry, etc.]  | Current Former   |   | 1        |
| % of ownership interest and/or control?                                       | What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?  | For How Long?   | Name of Position of Job Held   | Mark (√)   | Position Held   |          |
| of the General Assembly, Constitutional<br>Officer, State Board or Commission | 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, 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. | rol or hold any ownerst<br>ster, parent, or child of a<br>g policies or influence t | t or former, hold any position of cont<br>Employee, or the spouse, brother, sit<br>ins the power to direct the purchasir   | g persons, curren<br>h Member, State E<br>ion of control mea | Indicate below if any of the followin<br>Officer, State Board or Commissio<br>Member, or State Employee. Posi | 7        |
|   | BUSINESS)*  | NTITY (   | FOR AN EI  |  |   |          |
|   |   |   |  | S  | None of the above applies   |          |
|   |   |   |  |  | State Employee  |          |
| ,   |   |   |  |  | State Board or Commission<br>Member   | 1        |
|   |   |   |  |  | Constitutional Officer  | 1        |
|   |   |   |  |  | General Assembly  | 1        |
| Relation  | Person's Name(s)  | From To<br>MM/YY MM/YY  | board/ commission, data entry, etc.]   | Current Former   |   |          |
| e they related to you?<br>'ublic, Jr., child, etc.]                           | 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.]  | For How Long?   | Name of Position of Job Held<br>[senator, representative, name of  | Mark (v)   | Position Held   |          |
| onal Officer, State Board or Commission                                       | 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:   | pouse is a current or fo  | ster, parent, or child of you or your s  | or the brother, si   | Indicate below if: you, your spouse<br>Member, or State Employee:   | <b>1</b> |
|   | UALS*   | INDIVID   | FOR  |  |   |          |
| GREEMENT.<br>ISED:  | DR RENEWING A CONTRACT. LEASE. PURCHASE AGREEMENT<br>THE FOLLOWING INFORMATION MUST BE DISCLOSED:   | <u>DR RENEWING A</u><br>THE FOLLOWIN  | <u>AS A CONDITION OF OBTAINING. EXTENDING. AMENDING. OR RENEWING A CONTRACT. LEA</u><br>OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION   | ITAINING, E<br>H ANY ARK                                     | AS A CONDITION OF   |          |
|   |   |   |  |  |   |          |
| COUNTRY: UNITED STATES  |   | :   | ayetteville, AR 72703  | 2646 N. Valencia Ave., Fayetteville,                         | ADDRESS: 2646 N. Va   |          |
|   |   |   |  | e Knight   | YOUR NAME: Carley Jane Knight   |          |
| Services? Both?   | IS THIS FOR:<br>Goods?  |   |  |  | TAXPAYER ID NAME:   |          |
|   |   |   |  | subcontractor name:<br>Jane Knight                           | SUBCONTRACTOR: SUBCONTRACTOR  |          |
| Agency.   | AND CERTIFICATION FORM<br>agreement, or grant award with any Arkansas State Agency.   | DISCLOSURE tract. lease. purchase a   | Action Number: A06 CONTRACT AND GRANT DISCLOSURE AND CERTIFICAT<br>Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award | n <u>g information ma</u>                                    | Action Number: A06<br>Failure to complete all of the follow   |          |
| Page 1 of 2   |   |   |  |  | Attachment Number: 8  |          |

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Contract Number: 4600046341

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| Agency use only<br>Agency Agency Department of Human Agency Contact Ryan Silvey (870) 773-0563 Contract or<br>Number 0710 Name Services Person Grant No. 4600046341  |
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| ontact PersonTitle   |
| L certify under penalty of periury, to the best of my knowledge and belief, all of the above information is true and correct and that Lagree to the subcontractor disclosure conditions stated herein. Signature Title Home Study Specialist Date  |
| 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.  |
| 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.  |
| 2. I will include the following language as a part of any agreement with a subcontractor:  |
| <ol> <li>As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency Lagree as follows:</li> <li>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.</li> </ol> |
| 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.  |
| Attachment Number: 8 Action Number: A06 Contract and Grant Disclosure and Certification Form   |

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Contract Number: 4600046341

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DHS Revision 7/21

|  |  |   |   |   |   | ve applies  | ✓ None of the above applies   |
|--|--|---|---|---|---|---|---|
|  |  |   |   |   |   |   | State Employee  |
|  |  |   |   |   |   | nission   | State Board or Commission<br>Member   |
|  |  |   |   |   |   | 9r  | <b>Constitutional Officer</b>   |
|  |  |   |   |   |   |   | General Assembly  |
| Position of<br>Control                     | Ownership<br>Interest (%)                | Person's Name(s)  | From To<br>MM/YY MM/YY  | board/commission, data entry, etc.)   | nt Former   | Current   |   |
| terest and/or                              | of ownership int<br>ontrol?              | What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?  | For How Long?   | Name of Position of Job Held  | Mark (v)  |   | Position Held   |
| sembly, Constitutional<br>rd or Commission | of the General As<br>Ifficer, State Boar | 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, 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. | rol or hold any ownersh<br>iter, parent, or child of a<br>g policies or influence t | 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<br>Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Asse<br>Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity. | rsons, current<br>mber, State E<br>of control mea | the following pe<br>Commission Me<br>byee. Position ( | Indicate below if any of<br>Officer, State Board or t<br>Member, or State Empli |
|  |  | BUSINESS)*  | NTITY (   | FOR AN EN   |   |   |   |
|  |  |   |   |   |   | ve applies  | ✓ None of the above applies   |
|  |  |   |   |   |   |   | State Employee  |
|  |  |   |   |   |   | nission   | State Board or Commission<br>Member   |
|  |  |   |   |   |   | 4   | Constitutional Officer  |
|  |  |   |   |   |   |   | General Assembly  |
| Relation                                   |  | Person's Name(s)  | From To<br>MM/YY MM/YY  | board/ commission, data entry, etc.]  | nt Former   | Current   |   |
| rou?<br>tc.]                               | they related to y ublic, Jr., child, et  | What is the person(s) name and how are they related to you?<br>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]   | For How Long?   | Name of Position of Job Held<br>[senator, representative, name of   | Mark (v)  |   | Position Held   |
| Board or Commission                        | inal Officer, State                      | 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:   | pouse is a current or fo  | ster, parent, or child of you or your s   | he brother, si                                    | /our spouse or t<br>oyee:                             | Indicate below if: you, y<br>Member, or State Emple                             |
|  |  | UALS*   | [ N D I V I D   | FOR   |   |   |   |
| • •  | GREEMENI<br>SED:                         | DR RENEWING A CONTRACT. LEASE. PURCHASE AGREEMENT<br>THE FOLLOWING INFORMATION MUST BE DISCLOSED:   | <u>AMENDING. OR RENEWING A CONTRACT.</u><br>ITE AGENCY, THE FOLLOWING INFORMAT      | AMENDING. (<br>ITE AGENCY,  | JNING, EX<br>NNY ARKA                             | N OF OBT <i>L</i><br>IRD WITH /                       | AS A CONDITION OF OBTAINING. EXTENDING.<br>OR GRANT AWARD WITH ANY ARKANSAS ST  |
|  |  |   |   |   |   |   |   |
| COUNTRY: UNITED STATES                     | COUNTR                                   | Siloam Springs, AR 7🚡   | . Seville St.,  | Idale, AR 72762 (moving to 401 E.   | rive, Springdale,                                 | 3207 Martin Drive,                                    | ADDRESS: 32   |
|  |  |   |   |   | Hunter  | Allison Joann Hunter                                  | YOUR NAME: A  |
| es? ⊡Both?                                 | ✓Services?                               | IS THIS FOR:  |   |   |   |   | TAXPAYER ID NAME:   |
|  |  |   |   |   | suscontractor name:<br>Joann Hunter               | suscontractor i<br>Allison Joann Hunter               | SUBCONTRACTOR:  |
|  | Agency.                                  | Action Na A06 CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM<br>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.   | · DISCLOSURE<br>tract. lease, purchase :  | CONTRACT AND GRANT DISCLOSURE AND CERTIFICA<br>av result in a delay in obtaining a contract, lease, purchase agreement, or grant aware  | formation ma                                      | A06<br>If the following in                            | Action N A06  |
| Page 1 of 2                                |  |   |   |   |   | 4600046341<br>8                                       | Contract Na 4600046341<br>Attachment Na 8                                       |

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| Agency use only       Department of Human         Agency       0710       Agency       Services       Agency Contact       Ryan Silvey (870) 773-0563       Contract or         Number       0710       Name       Person       Grant No.       4600046341   |
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|  |
| Vendor Contact Person Title Phone No   |
| Signature Title Home Study Specialist Date 5/21/2024   |
| L certify under penalty of periury, to the best of my knowledge and belief, all of the above information is true and correct and that Lagree to the subcontractor disclosure conditions stated herein.   |
| 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.  |
| 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.  |
| 2. I will include the following language as a part of any agreement with a subcontractor:  |
| 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. |
| As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency Lagree as follows:  |
| 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.  |
| Contract N 4600046341<br>Attachment N 8<br>Action N A06 Contract and Grant Disclosure and Certification Form   |

Page 2 of 2

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