

BID RESPONSE PACKET

710-25-028

Details

For service of process contact the [Secretary of State's office](#).

LLC Member information is now confidential per Act 865 of 2007

For access to our corporations bulk data download service [click here](#).

Corporation Name
ASCEND VENTURES GROUP, LLC

Fictitious Names
ASCEND CLEAN

Filing #
811363131

Filing Type
Limited Liability Company

Filed Under Act
Domestic LLC; Act 1041 of 2021

Status
Good Standing

Principal Address
17200 CHENAL PKWY SUITE 300 LITTLE ROCK, AR 72223

Reg. Agent
CASSANDRA CAREY

Agent Address
17200 CHENAL PKWY SUITE 300 #422 LITTLE ROCK, AR 72223

Date Filed
03/24/2022

Officers
CASSANDRA CAREY, Incorporator/Organizer

Foreign Name
N/A

Foreign Address
—

State of Origin
—

[Purchase a Certificate of Good Standing for this Entity.](#)
[Pay Franchise Tax for this corporation](#)

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Ascend Ventures Group, llc dba Ascend Clean			
Address:	17200 Chenal Parkway Suite 300 PMB 422			
City:	Little Rock	State:	AR	Zip Code: 72223
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit			
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American			
AR Certification #:		_____ * See Minority and Women-Owned Business Policy		
PROSPECTIVE CONTRACTOR CONTACT INFORMATION				
Provide contact information to be used for bid solicitation related matters.				
Contact Person:	Cassandra Carey	Title:	Administrative Manager	
Phone:	501-765-8457	Alternate Phone:	501-777-9900	
Email:	service@ascendvg.com			
CONFIRMATION OF REDACTED COPY				
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided in the Response Packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>				
COMBINED CERTIFICATIONS FORM				
Prospective Contractor has included, in this submission packet, the signed Attachment H-Combined Certifications for Contracting with the State of Arkansas.				

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

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

Authorized Signature: _____

Title: Administrative Manager

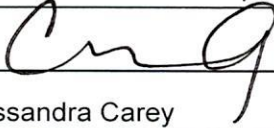
Printed/Typed Name: Cassandra Carey

Date: 1/2/2025

SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE

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

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

Vendor Name:	Ascend Ventures Group, llc dba Ascend Clean	Date:	1/2/2025
Signature:		Title:	Administrative Manager
Printed Name:	Cassandra Carey		

PROPOSED SUBCONTRACTORS FORM

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

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

Type or Print the following information:

Subcontractor's Company Name	Street Address	City, State, ZIP

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

MINIMUM QUALIFICATIONS

- In accordance with Section 2.3.B, Provide the name, address, and telephone number of the supervisor that will inspect the building at least once a week to ensure that compliance with all specifications of this solicitation are met:

Name: Marlon Marshall

Address: 17200 Chenal Parkway Suite 300 PMB 422, Little Rock AR 72223

Phone Number: 501-690-0246

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
- ✓ Official Bid Price Sheet
- ✓ 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)
- ✓ Combined Certifications (Attachment H)
- ✓ Client History Form (Attachment I)
- ✓ Mandatory Site Visit Verification Form (Attachment J)



Equal Employment Opportunity Policy

Ascend Clean provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

At-Will Employment Policy Statement

Your employment with **Ascend Clean** is at will. This means your employment is for an indefinite period of time and it is subject to termination by you or Ascend Clean, with or without cause, with or without notice, and at any time. Nothing in this policy or any other policy of Ascend Clean shall be interpreted to be in conflict with or to eliminate or modify in any way, the at-will employment status with Ascend Clean.

The at-will employment or status of an employee of Ascend Clean may be modified only in a written employment agreement with that employee which is signed by the President, or the Chairman of the Board of Directors, of Ascend Clean.

By your signature below, you acknowledge your understanding that your employment with Ascend Clean is at will, and that nothing in this handbook is intended to constitute a contract of employment, express or implied.

Employee Signature

Date

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

ADDENDUM 1

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: December 12, 2024
SUBJECT: 710-25-028 Janitorial Services

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

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

OTHER

- Section 2.1 of the solicitation – remove the chart and replace with the following updating phone numbers for each location:

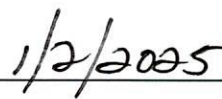
County	Address	Phone Number	Square Footage
Chicot	1736 Hwy. 65 & 82 So. Lake Village, AR 71653	870-417-6166	10,000
Columbia	601 E. University Magnolia, AR 71754	870-626-6726	14,328
Conway	#2 Bruce Street Morrilton, AR 72110	501-242-6193	10,560
Independence Processing Center	1095 White Dr. Batesville, AR 72501	870-612-6703	13,166
Mississippi	1104 Byrum Road Blytheville, AR 72315	870-532-0312	19,187
Ouachita	222 Van Buren St. NW Camden, AR 71711	870-454-6651	21,630
Randolph	1408 Pace Rd. Pocahontas, AR 72455	870-609-6026	8,103

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

If you have any questions, please contact: Brandi Warner, DHS.OP.Solicitations@dhs.arkansas.gov, 501-408-5334.


Vendor Signature

Date




Company

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

ADDENDUM 2

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: December 30, 2024
SUBJECT: 710-25-028 Janitorial Services

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

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

CHANGE OF BID OPENING DATE AND TIME

- Bid submission date and time has been extended to January 8, 2025, 10:30 a.m.
- Bid opening date and time has been extended to January 8, 2025, 11:30 a.m.

OTHER

- OP Buyer's name and contact information – remove and replace with the following:

Karrie Goodnight, (501) 320-3906

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

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

Vendor Signature  Date 1/2/2025
Company Ascend Ventures Group, LLC

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

ADDENDUM 3

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: December 30, 2024
SUBJECT: 710-25-028 Janitorial Services

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

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

OTHER

- Attachment E - Remove and replace with the following:

Attachment E – Services Contract SRV-1 Fillable Form

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

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


Vendor Signature _____ Date 1/2/2025
Ascend Ventures Group, LLC
Company _____

Contract Number _____
Attachment Number _____
Action Number _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

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

SUBCONTRACTOR: _____ SUBCONTRACTOR NAME: _____

☐ Yes ☒ No

IS THIS FOR:

TAXPAYER ID NAME: ASCEND VENTURES GROUP, LLC

Goods? ☐ Services? ☒ Both? ☐

YOUR LAST NAME: Carey

FIRST NAME: Cassandra

M.I.: _____

ADDRESS: 17200 Chenal Parkway Suite 300 #422

CITY: Little Rock

STATE: AR

ZIP CODE: 72223

COUNTRY: USA

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☒ None of the above applies

FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

☒ None of the above applies

Contract Number _____
Attachment Number _____
Action Number _____

Contract and Grant Disclosure and Certification Form

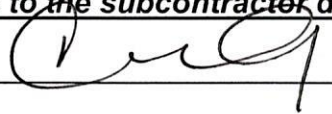
Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature  Title Administrative Manager Date 1/2/25
Vendor Contact Person Cassandra Carey Title Administrative Manager Phone No. (501) 777-9900

Agency use only

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



Department of Transformation and Shared Services

Governor Sarah Huckabee Sanders

Secretary Leslie Fiskien

COMBINED CERTIFICATIONS FOR CONTRACTING WITH THE STATE OF ARKANSAS

Pursuant to Arkansas law, a vendor must certify as specified below and as designated by the applicable laws.

1. **Israel Boycott Restriction:** For contracts valued at \$1,000 or greater.

A public entity shall not contract with a person or company (the "Contractor") unless the Contractor certifies in writing that the Contractor is not currently engaged in a boycott of Israel. If at any time after signing this certification the Contractor decides to boycott Israel, the Contractor must notify the contracting public entity in writing. See Arkansas Code Annotated § 25-1-503.

2. **Illegal Immigrant Restriction:** For contracts valued at \$25,000 or greater.

No state agency may contract for services with a Contractor who knowingly employs or contracts with an illegal immigrant. The Contractor shall certify that it does not knowingly employ, or contract with, illegal immigrants. See Arkansas Code Annotated § 19-11-105.

3. **Energy, Fossil Fuel, Firearms, and Ammunition Industries Boycott Restriction:** For contracts valued at \$75,000 or greater.

A public entity shall not contract unless the contract includes a written certification that the Contractor is not currently engaged in and agrees not to engage in, a boycott of an Energy, Fossil Fuel, Firearms, or Ammunition Industry for the duration of the contract. See Arkansas Code Annotated § 25-1-1102.

4. **Scrutinized Company Restriction:** Required with bid or proposal submission.

A state agency shall not contract with a Scrutinized Company or a company that employs a Scrutinized Company as a subcontractor. A Scrutinized Company is a company owned in whole or with a majority ownership by the government of the People's Republic of China. A state agency shall require a company that submits a bid or proposal for a contract to certify that it is not a Scrutinized Company and does not employ a Scrutinized Company as a subcontractor. See Arkansas Code Annotated § 25-1-1203.

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

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

Contract Number: _____ Description: _____

Agency Name: _____

Vendor Number: 100255839 Vendor Name: Ascend Ventures Group, llc dba Ascend Clean

Vendor Signature

Date

Attachment I

Janitorial Services

Instructions: This form is intended to help the State gain a more complete understanding of each Respondent's experience. This form **must** be completed completely and accurately.

The State reserves the right to verify the accuracy of these answers by contacting any of the listed clients, and all applicable clients **must** be listed. Omission of a client will constitute a failure to complete this form.

For purposes of this form, the "client" is not an individual but the entity which held the contract. By way of explanation, in the Contract resulting from this IFB, Arkansas DHS will be the client. For each listed client, Respondents may (but are not required) provide the contact information for a person at the client entity who is knowledgeable of the named project. If the State contacts clients listed on this form, the State reserves the right to contact the listed individual or another person at the listed client.

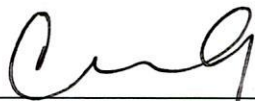
The boxes below each prompt will expand if necessary. The form **must** be signed (please see the final page) by the same signatory who signed the Response Signature Page.

1. Please list clients where you (the prime contractor only) served as the prime contractor or subcontractor for providing janitorial services for at least two (2) years. For each client, please specify the organization/agency/division. Please specify the duration of services for each. If there are no contracts which meet this definition, please state "none."

ABM - Lasandra Adams
Business & Industry Division
Lasandra.adams@abm.com
501-749-4022
1 year of service

Jan Pro - Herman Johnson or Nolen Hughes
herman.gilbert@jan-pro.com
nolen.hughes@jan-pro.com
501-907-9315
3 years of service

Authorized Signature: _____



Title: _____

Administrative Manager

Printed/Typed Name: _____

Cassandra Carey

Date: _____

1/2/2025

ATTACHMENT J - SITE VISIT VERIFICATION FORM

- Present this Site Visit Verification Form to the County Administrator or Designee for signature upon completion of the site visit for each location being bid.
- Submit the signed Site Visit Verification Form with the Bid Response Packet at bid submission.

This signed Site Visit Verification Form serves as verification that the Prospective Contractor or representative named below was present and participated in the site visit as required by Competitive Bid 710-25-028 for Janitorial Services.

PROSPECTIVE CONTRACTOR'S REPRESENTATIVE INFORMATION	
Company Name:	Pamela Bohn - Randolph
Representative's Printed Name:	Pamela Bohn
Signature:	12/16/24
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION - CHICOT CO.	
Printed Name:	
Signature:	
Date of Site Visit:	
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION - COLUMBIA CO.	
Printed Name:	
Signature:	
Date of Site Visit:	
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION - CONWAY CO.	
Printed Name:	Christine Henley
Signature:	Christine Henley
Date of Site Visit:	12-12-24
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION - INDEPENDENCE PROCESSING CENTER	
Printed Name:	
Signature:	
Date of Site Visit:	

ATTACHMENT J - SITE VISIT VERIFICATION FORM

- Present this Site Visit Verification Form to the County Administrator or Designee for signature upon completion of the site visit for each location being bid.
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This signed Site Visit Verification Form serves as verification that the Prospective Contractor or representative named below was present and participated in the site visit as required by Competitive Bid 710-25-028 for Janitorial Services.

PROSPECTIVE CONTRACTOR'S REPRESENTATIVE INFORMATION	
Company Name:	
Representative's Printed Name:	
Signature:	
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – CHICOT CO.	
Printed Name:	
Signature:	
Date of Site Visit:	
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – COLUMBIA CO.	
Printed Name:	Cara Sutton
Signature:	Cara Sutton
Date of Site Visit:	12/12/2024
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – CONWAY CO.	
Printed Name:	
Signature:	
Date of Site Visit:	
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – INDEPENDENCE PROCESSING CENTER	
Printed Name:	
Signature:	
Date of Site Visit:	

COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – MISSISSIPPI CO.	
Printed Name:	
Signature:	
Date of Site Visit:	
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – OUACHITA CO.	
Printed Name:	Bobbi Jackson Smith
Signature:	Bobbi Jackson Smith
Date of Site Visit:	12/12/2024
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – RANDOLPH CO.	
Printed Name:	
Signature:	
Date of Site Visit:	

OFFICIAL BID PRICE SHEET

710-25-028 Janitorial Services

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

Quantities are estimated for bidding purposes only. Quantities may increase or decrease.

Instructions - Enter the unit price per square foot and the monthly amount for each location being bid. Pricing is not required for locations not being bid.

ITEM	DESCRIPTION	ESTIMATED QUANTITY (square feet)	UNIT PRICE (per square foot)	MONTHLY AMOUNT
1	Chicot County	10,000		
2	Columbia County	14,328	\$0.21	\$3,020.66
3	Conway County	10,560	\$0.27	\$2,851.10
4	Independence Processing Center	13,166		
5	Mississippi	19,187		
6	Ouachita	21,630	\$0.24	\$5,236.52
7	Randolph	8,103	\$0.34	\$2,730.49

Number of hours bidder proposes to clean per day:

15 (4 locations)

AUTHORIZED SIGNATURE:

By my signature below, I certify that the I am authorized by the respondent to submit this bid on his/her behalf.

Vendor Name:

Ascend Ventures Group, LLC

Signature:

[Signature]

Printed Name:

Cassandra Caney

Date:

1/2/25

Title:

Admin Mgr.

Price Breakdown per Line Item

	Item 2	Item 3	Item 6	Item 7
County	Columbia	Conway	Quachita	Randolph
Monthly Wages	\$1,744.90	\$1,744.90	\$3,720.54	\$1,744.90
Supplies	\$531.00	\$531.00	\$550.00	\$531.00
Strip/Wax*	\$2,449.20	\$1,884.00	\$1,651.87	\$1,819.50
Carpet Cleaning*	\$1,719.36	\$1,267.20	\$3,244.00	\$608.00
Windows*	\$300.00	\$300.00	\$900.00	\$300.00

** = charge per semi-annual service*