

BID RESPONSE PACKET
710-25-040

BID SIGNATURE PAGE

Type or Print the following information.

| PROSPECTIVE CONTRACTOR'S INFORMATION | | | | | |
|---|---|--|---|---|---|
| Company: | Arkansas Coalition of Marshallese | | | | |
| Address: | 614 East Emma Ave., Suite 113 | | | | |
| City: | Springdale | State: | AR | Zip Code: | 72764 |
| Business Designation: | <input type="checkbox"/> Individual | <input type="checkbox"/> Sole Proprietorship | | <input type="checkbox"/> Public Service Corp | |
| | <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation | | <input checked="" type="checkbox"/> Nonprofit | |
| Minority and Women-Owned Designation*: | <input type="checkbox"/> Not Applicable | | <input type="checkbox"/> American Indian | | <input type="checkbox"/> Service-Disabled Veteran |
| | <input type="checkbox"/> African American | | <input type="checkbox"/> Hispanic American | | <input type="checkbox"/> Women-Owned |
| | <input type="checkbox"/> Asian American | | <input checked="" type="checkbox"/> Pacific Islander American | | |
| | AR Certification #: | | * See <i>Minority and Women-Owned Business Policy</i> | | |
| PROSPECTIVE CONTRACTOR CONTACT INFORMATION | | | | | |
| <i>Provide contact information to be used for bid solicitation related matters.</i> | | | | | |
| Contact Person: | Melisa Laelan | | Title: | Chief Executive Officer | |
| Phone: | 479-283-2992 | | Alternate Phone: | 479-365-6625 | |
| Email: | mlaelan@arkansasmarshallese.org | | | | |
| CONFIRMATION OF REDACTED COPY | | | | | |
| <input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's Response Packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i> | | | | | |
| COMBINED CERTIFICATIONS FORM | | | | | |
| Prospective Contractor has included, in this submission packet, the signed <i>Attachment H-Combined Certifications for Contracting with the State of Arkansas</i> . | | | | | |

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: Melisa Laelan Title: Chief Executive Director

Printed/Typed Name: Melisa Laelan Date: 12/5/2024

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: | Arkansas Coalition of Marshallese | Date: | 12/5/2024 |
| Signature: | <i>Melisa Laelan</i> | Title: | Chief Executive Director |
| Printed Name: | Melisa Laelan | | |

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 |
|------------------------------|----------------|------------------|
| | | |
| | | |
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| | | |

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

MINIMUM QUALIFICATIONS

- 2.3.C provide the name(s) of the qualified interpreter and translator that may provide services under any resulting contract from this IFB:

| Name | Name |
|----------------|------|
| Melisa Laelan | |
| Carolina Bien | |
| Jenitha Debrum | |
| Fressana Lawin | |
| | |
| | |
| | |
| | |
| | |

- 2.3.D Provide the telephone number to access all services: 479-365-6625 & 479-283-2992

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
- Resume of each interpreter and translator
- *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 B)

OFFICIAL BID PRICE SHEET

710-25-040 Marshallese Interpreter and Translation 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.

Award will be made to the lowest responsible, responsive (up to 3) bidder(s) based on the *Annual Grand Total* in *Table 1*. Items in the *Fixed Fees* section will not be considered in the low cost determination.

Awarded Contractors will be listed by the lowest-priced Contractor. The lowest priced Contractor shall be listed as the first contact. DHS may contact Contractors in ascending order from lowest price to highest price based on availability and ability to meet turn around times and the requirements of this IFB. See Section 1.17 of the *Bid Solicitation* for more information on the award process.

Table 1

Instructions: Enter the unit price, in U.S. dollars and cents, for each line item. Consideration will only be given to those that bid all line items. The extended amounts and grand total will automatically calculate.

| ITEM | DESCRIPTION | ESTIMATED ANNUAL QUANTITY | UNIT OF MEASURE | UNIT PRICE | EXTENDED AMOUNT |
|------|---|---------------------------|-----------------|---------------------------|---------------------|
| 1 | Interpreter Services | 124,800 | Minutes | \$0.84 | \$104,832.00 |
| 2 | Written Marshallese Translation Services | 40000 | Words | \$0.32 | \$12,800.00 |
| 3 | Quality Assurance of Translated Materials | 40000 | Words | \$0.10 | \$4,000.00 |
| | | | | ANNUAL GRAND TOTAL | \$121,632.00 |

Fixed Fees

These items are situational and will not be considered as part of the low cost determination.

Enter the set fee for expedited services as described in Section 2.4.G.4 of the solicitation: \$120 (translation), \$75(in-person)

Enter the fixed cancellation fee as described in Section 2.4.G.5 of the solicitation: \$75, LESS THAN 24HRS

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: Arkansas Coalition of Marshallese

Date: 12.5.2025

Signature: Melisa Laelan

Title: Chief Executive Officer

Printed Name: Melisa Laelan

STATE OF ARKANSAS



Mark Martin
ARKANSAS SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

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

Articles of Incorporation

of

ARKANSAS COALITION OF MARSHALLESE, INC.

filed in this office June 24, 2011 in compliance with the provisions of the law and are hereby declared a body politic and corporate, by the name and style aforesaid, with all the powers, privileges and immunities granted in the law thereunto appertaining.



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 June, 2011.

Mark Martin
Arkansas Secretary of State



This Web Authorization code is **VALID**.

Web Authorization Code 1ac43d6ae4a8bad

Filing Number: 811000133

[Search Again](#)



Search Incorporations, Cooperatives, Banks and Insurance Companies

This is only a preliminary search and no guarantee that a name is available for initial filing until a confirmation has been received from the Secretary of State after filing has been processed. Please review our [NAME AVAILABILITY GUIDELINES HERE](#) prior to searching for a new entity name.

[Printer Friendly Version](#)

LLC Member information is now confidential per Act 865 of 2007

Use your browser's back button to return to the Search Results

[Begin New Search](#)

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

| | |
|-------------------|---|
| Corporation Name | ARKANSAS COALITION OF MARSHALLESE, INC. |
| Fictitious Names | |
| Filing # | 811000133 |
| Filing Type | Nonprofit Corporation |
| Filed under Act | Dom Nonprofit Corp; 1147 of 1993 |
| Status | Good Standing |
| Principal Address | 614 EAST EMMA AVE SPRINGDALE, AR 72764 |
| Reg. Agent | MELISA LAELAN |
| Agent Address | 614 EAST EMMA AVE, SUITE 113 614 EAST EMMA AVE, SUITE 113 SPRINGDALE, AR 72764 |
| Date Filed | 06/24/2011 |
| Officers | MELISA LAELAN , Incorporator/Organizer SANDY HAINLINE , Director RUBY LEWIS , Director LAURA PETUEILI , Director SOSILYNA MADDISON , Director MELISA LAELAN , Director BINA RIKLON , Director |
| Foreign Name | N/A |
| Foreign Address | |
| State of Origin | AR |

[Purchase a Certificate of Good Standing for this Entity](#)

[Submit a Nonprofit Annual Report](#)

[Change this Corporation's Address](#)



**Arkansas Secretary of State
John Thurston**

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

Certificate of Good Standing

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


ARKANSAS COALITION OF MARSHALLESE, INC.

authorized to transact business in the State of Arkansas as a Non-Profit Corporation, filed Articles of Incorporation in this office June 24, 2011.

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 26th day of September 2024.


John Thurston
Secretary of State
Online Certificate Authorization Code: 1ac43d6ae4a8bad
To Verify the Authorization Code, visit sos.arkansas.gov

MELISA LAELAN CERTIFIED INTERPRETER & TRANSLATOR

614 East Emma Ave, Suite 113• Springdale, AR 72764• 479-283-2992
Email: mlaelan@arkansasmarshallese.org



Experience

January 2018-Current

Founder & Chief Executive Director• for the Arkansas Coalition of Marshallese (ACOM) and had multiple level of responsibilities including the overall welfare of the operation of the organization. Overlook all projects programs to ensure deliverables are met. High level of Engagement in strategic planning and budgetary plans and decisions. Responsible for allocation of resources and ensure the safety and welfare of all staff, board members and all affiliated parties. Currently serve as an educator raising awareness Marshallese population in Arkansas providing education of the culture and history. Have worked with different congressional delegations to ensure healthcare policies can reach underserved population, including the Marshallese living in the United States.

January 2010-January 2018

Certified Interpreter/Translator, Administrative Office of The Courts • Served over 4000 criminal, civil, probate cases in the court system as a freelance service interpreter. Traveled all over the world to provide interpreting services in cases that required highly skilled interpreter at the local, state and nationwide level of courts. Worked closely with Arkansas Public Defender offices and other offices such as DHS, ADH, hospitals, schools, events and more. Created curriculums for interpreter trainings and responsible to trained over 20 Marshallese interpreters within the state. Translated large translation project for the state including the Driver License Test (in Marshallese). Other clientele in which large scale of translation/interpretation projects include the Center for Disease Control, Arkansas Department of Health, UAMS, Children Hospital and more.

December 2008–June 2009

Community Liaison• Tobacco Prevention Educator • University of Arkansas. Educated over 50,000 in both Marshallese and English and attended over hundred events building relationship and networks with community leaders and members.

October 1995–January 2005

Logistics Specialist • Non-Commission Officer • United States Department of the Army.

Responsible to safeguard equipment and supplies valuing over \$200 Million. Conducted inventory and accountability of division's inventory. Worked with a diversity of crowd and understands comradery and built strong teams' skills. Participated during warfare time; work well under pressure and knows how to navigate difficult tasks. Attended Primarily Leadership Training Course and other language trainings.

Education

University of Arkansas (Jan 2005-2008) • El Paso Community College• College of Lake County•
University of Maryland (Credits conversion of multiple Army Course Trainings) •Accumulated over 108 credit hours of college education• Honor Roll List.

Language Skills

Due to the current role as the CEO for ACOM, writing at scholar level is one of many skills that the CEO must have as a set skill. Since 2018, over 30 written grant proposal in English were secured by the CEO in different serves as a testament to the English proficiency. Holds a strong background in teambuilding and communication skills both in Marshallese and English. Very knowledgeable and hold a high level of ability to deliver accurate interpretation/translation. Highly trained to perform simultaneous, sight and consecutive forms of interpretation/translation. Currently serve as the only Certified Interpreter/translator in the nation and has commitment to ensure ethics, deliverance and unbiased service is performed. She has performed over hundreds of presentations to a large crowd of attendees in English and Marshallese.

Leadership

Founder and CEO for the Arkansas Coalition of Marshallese and had led multiple levels of translations programs/projects at the local, ca. Treasurer for the National Association of Pasifika Organizations. Former board member of the Shiloh Museum. Serves as an advisory board including Crystal Bridges Advisory Board and many others. Marshallese Traditional Leader (royal lineage) in the community leading different cultural projects within the Marshallese. Attended multiple leadership trainings and has led many sessions for non-profit organizations.

References available upon request

Jenitha Henson

3768A Locksley St.
Springdale, AR 72764
Tel: (479)347-5069
E-Mail: jdebrum29@gmail.com

OBJECTIVES

Seeking a challenging and dynamic position in the administration where I can leverage my leadership skills to work with the team while continuing personal growth through advancement.

PROFESSIONAL SKILLS

- Knowledge of word processing programs, such as Note Pad and Microsoft Word Programs, creating documents, editing and formatting files.
- Understanding of office systems and procedures, message handling and transmission, records management, and file maintenance; business planning introduction to preparing business plans
- Knowledge of Office XP: Microsoft Word, Excel, and PowerPoint, as well as the Internet Explorer.
- Knowledge of computerized accounting and office procedures
- Able to use spreadsheets and database management and presentation software.
- Able to operate telephone systems, and create journals, agendas and meeting minutes
- Capable of organizing and managing e-mail and producing on-line web pages
- Bilingual: English/Marshallese, 10 years

EDUCATION

| | |
|--|---------------------|
| Associated Technical College <u>Diploma in Microcomputer Technology</u> | 11/2008 |
| College of the Marshall Islands (CMI) <u>Associate of Arts Diploma</u> | 12/2006 |
| Mentorship Training (CMI) <u>Certificate in Mentorship</u> | 07/2006 |
| National Student Leadership Institute <u>Certificate in Leadership</u> | 04/2006 |
| National Insurance Producer Registry <u>Arkansas State License</u> | 11/2018-2021 |
| Association Of Asian Pacific Community Health Organization <u>Certificate in Community Health Worker</u> | 09/2023 |

PROFESSIONAL EXPERIENCE

Arkansas Coalition of Marshallese

5 Years

Administrative Manager

- Managing Payroll Functions
- Overseeing the office management function
- Leading the HR Office
- Processing Payroll to staffs and chapters
- Maintain office and/or food pantry supplies needs
- Leading and/or participating in meetings
- Hiring and training staff
- Ensures that the administrative needs of the project are met including working directly with several team members.
- Delegating tasks to contractors
- Creating personnel folders for new hires
- Monitoring and projection staffing needs
- Overseeing department budget planning and development
- Managing and maintaining all department databases
- Creating report and submit reports.
- Maintains contact lists, establishes processes, policies, and procedures for the office.
- Performing clerical accounting and general office duties as needed

Northwest Arkansas Community College

2 Years

Pt Advisor

- Served as instructor of College First Year Experience
- Served as mentor for incoming students
- Served as ambassador for CMI
- Organized and delivered course material
- Provided evaluation of student assignments
- Performed customer service
- Available for student support
- Served in Student Government
- Maintained a professional and leadership demeanor.

References available upon request

Fressana Lawin
407 W Grove Ave Springdale, AR 72764
lissanalahadley0616@gmail.com
479-318-4913

Skills & Experiences:

- Communication Skills
- Over 10 years of working - Nursing (Majuro Hospital)
- Reviewer for Marshallese Translation
- Fluent Marshallese, lifetime
- Speak English as Secondary Language

Education:

- Associate of Science Degree in Nursing (College of the Marshall Islands 2010 to 2014)
- Laura Christian Academy High School (1999 to 2001)

Work Experiences:

Majuro Hospital

June 2003 to April 2010

Nurse Aide-

- Help Patients daily living activity and eating bathing,
- Take vital signs just like checking the blood pressure, blood sugar, pulse.
- Assist doctor while doing wound cleaning,
- Check urine level
- Assist doctor during delivery'
- Bath baby, and measuring

Majuro Hospital

May 2010 to June 2016

Graduate Nurse-Operating Room

- Circulating nurse
- Assist nurse
- Documentation for every patient pre-op and post-op

Arkansas Coalition of Marshallese

Lifestyle Coach for Pacific Islands Diabetes Prevention Program & Community Health Worker

- Direct Service
- Help Client Enroll for Medicaid, Medicare and SNAP
- Driver License Instructor for Marshallese
-

Volunteer:

Springdale School District & Roger School District

- Interpreter during Parent & Teacher conference

Hobbies:

- Swimming
- Volleyball
- Cooking

Reference:

- Melisa Laelan- CEO & Executive Director of Arkansas Coalition or Marshallese
- Jenitha deBrum – Human Resources and Administration Arkansas Coalition of Marshallese
- Michelle Pedro-Policy Director & Communication Specialist, Arkansas Coalition of Marshallese

Carolina Bien

Springdale, AR 72762
anaseabien14@gmail.com
+1 808 426 0854

Seeking a position where I can utilize my skills and expertise that welcomes motivation while simultaneously offering a supportive environment and opportunity for growth.

Willing to relocate to: Springdale, AR
Authorized to work in the US for any employer

Work Experience

Interviewer

EOA Washington County - Springdale, AR
June 2022 to Present

Determine eligibility by conducting interviews, help families in need of utility assistance, data entry, and sometimes receptionist.

DoorDash Delivery Driver

DoorDash - Springdale, AR
January 2020 to Present

Receives orders on mobile app and go to vendor to pickup and drop off at customer residence

NKB Hawii LLC

NKB Hawaii LLC - Honolulu, HI
March 2016 to May 2022

Family owned business!! Retail sales, customer service, maintain laundromat, payroll, mostly covering every position when short staff

Pharmacy Clerk

Community Pharmacy - Springdale, AR
February 2020 to December 2020

Marshallese Translator, help fill patient's medication, check out customers on the register, help techs with vaccines, clean and sanitize work station and every counter, customer service

Food Associate

United Airlines Chelsea Food Services - Honolulu, HI
December 2011 to December 2016

Wash prep food, pack entree for crews for the airline and also for passengers

Education

Cleburne High School - Cleburne, TX
January 1999 to June 2002

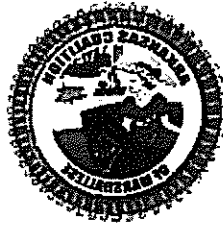
Skills

- Translation
- Typing
- English
- Retail Sales
- Interpretation
- Van driver
- Multilingual

Certifications and Licenses

Driver's License

March 2020 to December 2027



Equal Employment Policy

Arkansas Coalition of Marshallese (ACOM) complies with all federal, state, and local equal employment opportunity laws. In all hiring and employment practices, employer makes every effort to ensure that it doesn't discriminate against employees and applicants. This policy addresses ACOM's commitment to providing equal opportunity employment for all employees and applicants and to promoting diversity in the workplace.

GENERAL NONDISCRIMINATION PLEDGE

ACOM complies with all laws prohibiting discrimination against employees and applicants based on race, color, religion, sex, sexual orientation, gender identity, gender expression, age, national origin, citizenship status, disability, genetic information, or veterans' status. ACOM will comply with all federal and state government contracting laws and is committed to providing equal employment opportunities for qualified employees and applicants, such as women, minorities, persons with disabilities, and certain groups of veterans.

Equal opportunity extends to all aspects of the employment relationship, including hiring, promotions, training, working conditions, compensation, and benefits. Employees who have access to other employees' and applicants' compensation information (as part of their essential job functions) can't disclose this information to anyone who doesn't otherwise have such access unless their disclosure is in response to formal complaints or charges; in furtherance of investigations (including investigations by ACOM), proceedings, hearings, or lawsuits; or consistent with ACOM's legal duty to provide information.]

ACOM'S policies and practices are to reflect [Employer]'s commitment to nondiscrimination in all areas of employment, including contracting opportunities for vendors and suppliers.

PROMOTING DIVERSITY

ACOM values and promotes diversity in its workplace. *Diversity* refers to human differences that exist in the workplace, including those based on culture, ethnicity, gender, and age. ACOM believes that promoting diversity plays an important role in attracting the widest pool of qualified applicants, fostering greater innovation and creativity, and enhancing our communication and relationships with customers and the community.

ACOM is committed to enhancing our diversity and demonstrating that commitment to our employees, customers, and community. ACOM promotes diversity by developing policies, programs, and procedures that foster a work environment in which differences are respected and all employees are treated fairly. When applicable, ACOM is to comply with federal affirmative action guidelines in all employment opportunities for qualified employees and applicants, such as women, minorities, persons with disabilities, and certain groups of veterans. For more information, see [Employer]'s affirmative action policy.]

ANTI-HARASSMENT

ACOM strives to keep its workplace free from all forms of harassment. Some examples of conduct that can be considered harassment include ethnic slurs, racist jokes, pornographic emails, unwelcome touching, displaying offensive pictures, or any other verbal or physical conduct that has the purpose or effect of creating an intimidating, hostile, or offensive work environment.

ACOM considers harassment in all forms to be a serious offense that violates ACOM's EEO policy. ACOM also prohibits harassment against anyone involved in reporting EEO violations or in investigations of EEO complaints.

COMPLAINT PROCEDURES

If employees or applicants believe that they have faced discrimination or if employees or applicants are aware of any actual or suspected workplace conduct that could be regarded as discriminatory, they should report such conduct immediately to **Jenitha Debrum** in one of several ways, such as:

- emailing reports to ***jenitha@arkansasmarshallese.org***.
- calling ACOM reporting hotline at **479-365-6625** or
- sending written reports to
Arkansas Coalition of Marshallese
Attn: ***Jenitha Debrum, EEO Officer***
614 East Emma Ave, Suite 113
Springdale, AR 72764

ACOM investigates all discrimination complaints promptly and supports employees' cooperation with investigations. Anyone involved in reporting EEO violations or in investigations of EEO complaints can expect confidentiality to the full extent afforded by law. Any information obtained during investigations also is kept confidential to the full extent possible under law.

Informal Dispute Resolution

Where appropriate, informal resolution of discrimination complaints is used. Such an approach can include counseling those who commit discrimination or serving as a mediator between the two parties.

When a discrimination complaint can't be resolved informally, a written report of the investigation that includes recommendations for further action is prepared and delivered to **Chief Executive Officer**. Recommendations can include discipline for those who commit discriminatory actions and restoration of the terms, conditions, or opportunities that were lost or denied employees or applicants because of discrimination.

ANTI-RETALIATION

ACOM ensures that employees and applicants who complain about discrimination, oppose any discriminatory practice, or participate in investigations of such complaints are protected against retaliation. ACOM doesn't discourage or obstruct employees and applicants from filing complaints with the federal Equal Employment Opportunity Commission or state or local EEO agency.

Employees also are protected against retaliation for talking about discrimination in response to questions that come up during internal investigations. No adverse employment actions are taken against employees and applicants who file EEO complaints, oppose discriminatory actions, or participate in investigations of such complaints. Employees and applicants are protected against retaliation if they exercise any rights under the federal Rehabilitation Act or the federal Vietnam-Era Veterans' Readjustment Assistance Act.

DISCIPLINE

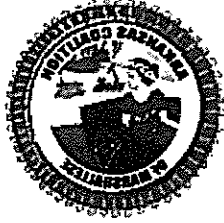
All employees, including supervisors and managers, who engage in discriminatory conduct or harassment are subject to immediate disciplinary action, up to and including termination.

COMMUNICATIONS

ACOM'S EEO policies are displayed permanently in conspicuous locations in all facilities. Notices, advertisements, forms, job descriptions, and other specifications relating to employment don't indicate any preference, limitation, or discrimination based on race, color, religion, sex, sexual orientation, gender identity, gender expression, age, national origin, citizenship status, disability, genetic information, or veterans' status.

COMMUNICATIONS & TRAINING

ACOM requires all new hires, including managers and supervisors, to undergo training on complying with ACOM's EEO policy. Thereafter, training on the policy is provided annually for all employees, including managers and supervisors.



NAME MELISA LAELAN

TITLE CEO

SIGNATURE Melisa Laelan

DATE 9/25/2024

**Executive Order (EO-98-04) & Employment
Disclosure Form**

Name: Arkansas Coalition of Marshallese

Address: 614 East Emma Ave Suite 113 Springdale AR 72764

Street City State/Zip

Select HNP Program: CACFP - 10.558 Agreement Number: _____

Federal Number: _____ Contract Effective Date: _____

B. Disclosure Requirements

Arkansas Health and Nutrition Sponsoring Organizations/Agencies shall require, as a condition of obtaining or renewing a contract, lease, purchase agreement, employment, or grant with any State Agency or outside entity, that any individual desiring to contract with, be employed by, or receive grant benefits from, any State Agency or outside entity shall disclose whether that employee, or the spouse or immediate family member of any of the persons described in this sentence. Agencies shall require that any non-individual entity desiring to contract with, or receive grant benefits from, any outside entity shall disclose (I) any position of control, or (II) any ownership interests of 10% or greater, that is held by a current or former member of the general assembly, constitutional officer, board or commission member, state employee, or the spouse or immediate family member of any of the persons described in this sentence.

As a condition for obtaining funding through a contract, lease, purchase agreement, or a grant with the Arkansas Department of Human Services (DHS), the following information must be disclosed:

Individual contractor must indicate below if you are:

| | Current Yes/No | Former Yes/No | Term(s) service |
|--|-------------------|------------------|--|
| 1. A member of the general assembly | No | No | |
| 2. A constitutional officer | No | No | |
| 3. A state employee | No | No | |
| 4. Serving as a commission or board member | No | Yes | CEO is a former commissioner and served 2 terms with the Arkansas Minority Health Commission |
| 5. Employed by outside entity or business | No | No | |

Individual contractor must indicate below if you are a spouse or immediate family member of an individual that is:

| | Current Yes/No | Former Yes/No | Term(s) service | Relative's Name & Relationship |
|--|-------------------|------------------|-----------------|--------------------------------|
| 1. A member of the general assembly | No | No | | |
| 2. A constitutional officer | No | No | | |
| 3. A state employee | No | No | | |
| 4. Serving as a commission or board member | No | No | | |

| | | | | |
|---|----|----|--|--|
| 5. Employed by outside entity or business | No | No | | |
|---|----|----|--|--|

Non-individual entity lists any individual who holds a position of control or ownership interest of 10% or greater in the entity if the individual:

| | Current Yes/No | Former Yes/No | Relative's name & Term(s) service | Relationship | Individual |
|--|----------------|---------------|-----------------------------------|--------------|------------|
| 1. A member of the general assembly | No | No | | | |
| 2. A constitutional officer | No | No | | | |
| 3. A state employee | No | No | | | |
| 4. Serving as a commission or board member | No | No | | | |
| 5. Employed by outside entity or business | No | No | | | |

Non-individual entity must list any individual who holds a position of control or ownership interest of 10% or greater in the entity if the individual is a spouse or immediate family member of:

| | Current Yes/No | Former Yes/No | Term(s) service | Relative's name & Relationship | Individual |
|--|----------------|---------------|-----------------|--------------------------------|------------|
| 1. A member of the general assembly | No | No | | | |
| 2. A constitutional officer | No | No | | | |
| 3. A state employee | No | No | | | |
| 4. Serving as a commission or board member | No | No | | | |
| 5. Employed by outside entity or business | No | No | | | |

Failure of any person or entity to disclose under any term of Executive Order 98-04 shall be considered a material breach of the terms of the contract.


Signature

9/26/24
Date

CEO
Title

NOTE: THIS FORM MUST BE COMPLETED AND RETURNED PRIOR TO EXECUTION OF ANY ARKANSAS HEALTH AND NUTRITION CONTRACT.

To Be Completed By, Contractor

Name: Arkansas Coalition of Marshallese

Address: 614 East Emma Ave Suite 113 Springdale AR 72764
Street City State/Zip

County Telephone: 479-365-6625 Fax: _____

Contract: _____

Contract Effective Date: _____

Disclosure of Subcontractors

Agencies shall require, as a condition of obtaining or renewing a contract, lease, purchase agreement, or grant with any outside entity, that any individual or entity desiring to contract with any outside entity shall require that any subcontractor, sub-lessor, or other assignee (hereafter "Third Party"), shall disclose whether such Third Party is current or former; member of the general assembly, constitutional officer, board or commission member, state employee, or described in this sentence hold any position of control or any ownership interest of 10% greater in the Third Party, and shall report any such disclosure by the Third Party to the agency. The disclosure requirements of this paragraph shall apply during the entire term of the contract, lease, purchase agreement, or grant, without regard to whether the subcontract, sublease, or other assignment is entered into prior or subsequent to the contract date.

Third Party shall indicate below if he/she is:

| | Current Yes/No | Former Yes/No | Term(s) service | Relative's name & Relationship | Third Party |
|--|-------------------|------------------|-----------------|-----------------------------------|-------------|
| 1. A member of the general assembly | No | No | | | |
| 2. A constitutional officer | No | No | | | |
| 3. A state employee | No | No | | | |
| 4. Serving as a commission or board member | No | No | | | |
| 5. Employed by outside entity or business | No | No | | | |

Third Party shall indicate below if he/she is a spouse or immediate family member of an individual that is:

| | Current Yes/No | Former Yes/No | Term(s) service | Relative's name & Relationship | Third Party |
|--|-------------------|------------------|-----------------|-----------------------------------|-------------|
| 1. A member of the general assembly | No | No | | | |
| 2. A constitutional officer | No | No | | | |
| 3. A state employee | No | No | | | |
| 4. Serving as a commission or board member | No | No | | | |

| | | | | | |
|---|----|----|--|--|--|
| 5. Employed by outside entity or business | No | No | | | |
|---|----|----|--|--|--|

Agencies shall require, as further condition of obtaining or renewing any contract or agreement with any outside entity, that the individual or entity desiring to contract shall incorporate into any agreement with a Third Party, previously defined, the below stated language, and any other necessary language as provided by rules and regulations promulgated to enforce Executive Order 98-04, which provides that failure of the Third Party to disclose the identity of any person or entity described previously shall be considered a material breach of the agreement.

The failure of any person or entity to disclose as required under any term of Executive Order 98-04, or the violation of any rule, regulation or policy promulgated by the Department of Finance and Administration pursuant to this Order, shall be considered a material breach of the terms of the contract, lease, purchase agreement, or grant and shall subject the party failing to disclose or in violation to all legal remedies available to the Agency under the provisions of existing law.



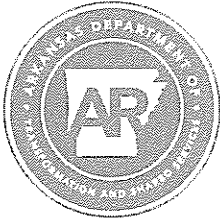
 Signature

9/26/24
 Date

Chief Executive Officer

 Title

NOTE: THIS FORM MUST BE COMPLETED AND RETURNED PRIOR TO EXECUTION OF ANY ARKANSAS HEALTH AND NUTRITION CONTRACT.



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: Marshallese Interpreting & Translation

Agency Name: Arkansas Coalition of Marshallese

Vendor Number: 600005400 Vendor Name: Arkansas Coalition of Marshallese

Melissa Laelan
Vendor Signature

12.5.24
Date

Contract Number _____
Attachment Number _____
Action Number _____

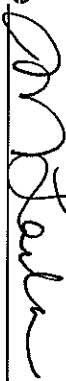
Contract and Grant Disclosure and Certification Form

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 CEO Date 12/18/2024
Vendor Contact Person Melissa Leelen Title CEO Phone No. 479-283-2992

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

Contract Number _____
Attachment Number _____

Action Number _____

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 NAME: _____

☐ Yes ☒ No

IS THIS FOR:

TAXPAYER ID NAME: Arkansas Coalition of Manufacturers, Inc Goods? ☐ Services? ☒ Both? ☐

YOUR LAST NAME: _____

FIRST NAME _____

M.I.: _____

ADDRESS: 614 E. Emma Ave Suite #113

CITY: Springdale

STATE: AR

ZIP CODE: 72764

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

☒ None of the above applies

FOR AN ENTITY (BUSINESS) *

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

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

☐ None of the above applies