

***Attachment I***  
***Client History Form***  
***Electronic Benefit Transfer Services***  
***System***  
***710-25-048***

# Attachment I

## Electronic Benefit Transfer Services System

*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 RFP, 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 every client state where you (the primary contractor only) served as the prime contractor for implementation and/or operation of an EBT program within the last five (5) years. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract and the duration of services. If there are no contracts which meet this definition, please state "none."

2. Has the Prospective Contractor received formal negative contract actions pertaining to contracted services from a party to which the Prospective Contractor's services were provided within the last three (3) years? A formal negative contract action is considered as any formal communication to Prospective Contractor from the state/entity receiving services that identifies failure(s) to satisfy performance obligations in the contract in a manner that represents significant non-performance or a material deviation from contractual obligations. A formal negative contract action is considered a corrective action plan, vendor performance report, or these equivalents in other states or in other entities.

☐ Yes      ☐ No

If yes, include the number of formal negative contract actions in the space provided below. Provide the contact information for a person with the contracted party who is knowledgeable of the named project(s).

**Authorized Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Printed/Typed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_