

Attachment I
Client History Form
NON-EMERGENCY MEDICAL
TRANSPORTATION SERVICES
710-25-049

Attachment I

Non-Emergency Medical Transportation 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. Provide a narrative detailing your five (5) years of qualifying experience where you (the prime contractor only) served as the prime contractor for providing non-emergency transportation as a broker. Subcontractor experience shall not substitute for Broker experience. 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 duration of services. If there are no contracts which meet this definition, please state "none."

2. Please list job descriptions of staff proposed to fill the following required positions. A single staff member shall not serve in more than two (2) of these designated roles:

Project Director	
Safety Officer	
Quality Assurance Manager	
Investigator	
Trainer	

Authorized Signature: _____ **Title:** _____

Printed/Typed Name: _____ **Date:** _____