

Food Service Bid



Presented To
**Arkansas Department of
Human Services
Arkansas State Hospital**

Presented by
**Chris Dye
Business Development Director**

BID RESPONSE PACKET
710-25-055

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Healthcare Services Group, Inc.			
Address:	3220 Tillman Drive Suite 300			
City:	Bensalem	State: PA		Zip Code: 19020
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:	Chris Dye	Title:	Director of Business Development	
Phone:	573-620-4916	Alternate Phone:		
Email:	cdye@hcsgrcorp.com			
CONFIRMATION OF REDACTED COPY				
<input type="checkbox"/> YES, a redacted copy of the <i>Bid Response Packet</i> is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of the <i>Bid Response Packet</i> is <u>not</u> enclosed. I understand a full copy of non-redacted documents will be released if requested. <i>Note: If a redacted copy of the Bid Response Packet is not provided 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 the Bid Solicitation Document for additional information.</i>				
COMBINED CERTIFICATIONS FORM				
Bidder has included in the <i>Bid Response Packet</i> the signed Attachment H: Combined Certifications for Contracting with the State of Arkansas.				

An official authorized to bind the bidder to a resultant contract must sign below.The signature below signifies agreement that any exception that conflicts with a Requirement of this IFB **will cause the bid to be disqualified:**


Authorized Signature:  Title: Director of Business Development

Printed/Typed Name: Chris Dye Date: 3/31/2025

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 bid to be disqualified.

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

Vendor Name:	Healthcare Services Group, Inc.	Date:	March 31, 2025
Signature:		Title:	Director of Business Development
Printed Name:	Chris Dye		

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.**

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 Prospective Contractor's *Equal Opportunity Policy*
- Signed Addenda, if applicable
- Attachment A – *Executive Order 98-04 Disclosure Form*
- Attachment B – *Combined Certifications Form*
- Attachment H – *Client History Form*
- Attachment I – *Site Visit Verification Form*
- Copy of *Dietitian's licensure*

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: _____

Goods? ☐ Services? ☒ Both? ☐

YOUR LAST NAME: _____

FIRST NAME Healthcare Services Group, Inc.

M.I.: _____

ADDRESS: 3220 Tillman Drive Suite 300

CITY: Bensalem

STATE: PA

ZIP CODE: 19020

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 Director of Business Development Date 3/31/2025

Vendor Contact Person Chris Dye Title Director of Business Development Phone 573-620-4916

No

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 Fisk

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: 710-25-055 Description: Food Services- Arkansas State Hospital

Agency Name: Arkansas Department of Human Services

Vendor Number: V000008148 Vendor Name: Healthcare Services Group, Inc.



Vendor Signature

March 31, 2025

Date



SOLUTIONS • PERFORMANCE • RESULTS

Equal Opportunity Statement



Equal Employment Opportunities

HCSG is proud to be an equal opportunity employer committed to all employees and applicants regardless of race, color, religion, sex, national origin, age, disability, genetics, ethnicity, pregnancy status, gender identity, sexual orientation, marital status, political opinions, or affiliations, veteran status, or other legally protected classes. HCSG also complies with applicable state and local laws and federal law requirements that govern nondiscrimination in every location where we operate.

ATTACHMENT I - SITE VISIT VERIFICATION FORM

- Present this Site Visit Verification Form to the ASH Administrator or Designee for signature upon completion of the site visit. To schedule a site visit, please contact: Bryan Hall, (501) 650-2471
- 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 IFB 710-25-055 for Food Services – Arkansas State Hospital.

PROSPECTIVE CONTRACTOR'S REPRESENTATIVE INFORMATION	
Company Name:	HEALTHCARE SERVICES GROUP
Representative's Printed Name:	CHRIS DYE
Signature:	
ASH ADMINISTRATOR or DESIGNEE INFORMATION	
Printed Name:	James Scoggins
Signature:	
Date of Site Visit:	3/25/25

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: March 26, 2025
SUBJECT: 710-25-055 Food 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

- Official Bid Price Sheet – remove and replace with the Revised Official Bid Price Sheet

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: Ian Cunningham
DHS.OP.Solicitations@dhs.arkansas.gov
(501) 682-0120

Vendor Signature

Date

HEALTHCARE SERVICES GROUP

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: March 28, 2025
SUBJECT: 710-25-055 Food 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 J Sample Menus – added Attachment J Sample Menus
- Written Questions and Answers – added Written Questions and Answers

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: Ian Cunningham
DHS.OP.Solicitations@dhs.arkansas.gov
(501) 682-0120


Vendor Signature

3/31/25
Date

HEALTHCARE SERVICES GROUP
Company



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/31/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER ECBM, LP 1400 N Providence Road Suite 5025 Media PA 19063	CONTACT NAME: Charles Lloyd PHONE (A/C, No, Ext): (610) 668-7100 FAX (A/C, No): (610) 667-2208 E-MAIL ADDRESS: clloyd@ecbm.com																					
INSURED Healthcare Services Group, Inc. 3220 Tillman Drive Suite 300 Bensalem PA 19020	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Ace American Insurance Company</td><td>22667</td></tr><tr><td>INSURER B:</td><td>Indemnity Insurance Company of North America</td><td>43575</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Ace American Insurance Company	22667	INSURER B:	Indemnity Insurance Company of North America	43575	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A:	Ace American Insurance Company	22667																				
INSURER B:	Indemnity Insurance Company of North America	43575																				
INSURER C:																						
INSURER D:																						
INSURER E:																						
INSURER F:																						

COVERAGES**CERTIFICATE NUMBER:** 25 MAOS**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> SIR: \$1,000,000						MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 10,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY			ISA H11354166	01/01/2025	01/01/2026	BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	EXCESS LIAB						\$
	DED RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	WLR C72615165	01/01/2025	01/01/2026	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Not Applicable

CERTIFICATE HOLDER

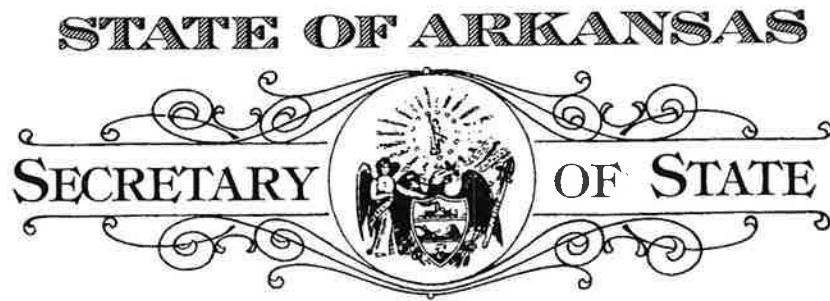
ELLSW40
Ellsworth Health Services
403 N Maple St
Ellsworth, WI 54011

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.



Sharon Priest
Secretary of State

CERTIFICATE OF AUTHORITY TO FOREIGN CORPORATION

*I, Sharon Priest, Secretary of State of the State of
Arkansas, do hereby certify that*

HEALTHCARE SERVICES GROUP, INC.

has filed in this office a duly authorized Certificate of Existence, a statement naming the state, territory or foreign country under whose laws the Corporation was incorporated, the date of its incorporation and period of duration, the nature of the business of the Corporation, the address of the general office, or principal place of business of the Corporation in the jurisdiction under whose laws the Corporation was incorporated, a statement including the name and address of the registered agent of the Corporation upon whom Service of Process may be had in any of the courts of the State of Arkansas, a statement showing the number of shares of the Corporation's capital stock owned or to be owned by residents of the State of Arkansas and the par value of each share, a statement of the value of the assets owned by the Corporation in the State of Arkansas and the total value of all assets owned by the Corporation including those in Arkansas, that said Corporation has paid the fees required by law to be paid and has in all things complied with the provisions of Act 958 of 1987 as enacted by the General Assembly of Arkansas.



*In Testimony Whereof, I have hereunto
set my hand and affixed my official Seal.
Done at office in the City of Little Rock,
this ² day of ^{AUGUST} 19⁹⁶.*

Sharon Priest

Secretary of State

STATE OF ARKANSAS

W. J. "Bill" McCuen, Secretary of State

Corporations Division
State Capitol
Little Rock, Arkansas 72201-1094

Application for Certificate of Authority

(Please type or print)

Pursuant to the provisions of Arkansas Code of 1987 Annotated, the undersigned as the duly authorized and acting president, secretary, treasurer, superintendent or managing agent in the State of Arkansas, of the foreign corporation named below (the "corporation") for which this statement is submitted, under oath hereby state:

1a. The name of the corporation is: Healthcare Services Group, Inc.

1b. Fictitious name to be used in Arkansas: _____

(The corporation may use a fictitious name to transact business in Arkansas if its real name is unavailable and it delivers to the Secretary of State for filing a copy of the resolution of its board of directors certified by its secretary adopting a fictitious name.)

2. The state, territory or foreign country under whose laws the corporation was incorporated is:

Pennsylvania3. Date Incorporated: November 22, 1976 Period of Duration: Perpetual

4. The nature of the business of the corporation and the object or purposes to be transacted, promoted or carried on by it are:

Provider of housekeeping, laundry and linen services, as well as all other authorized business services.

5. The address of the general office or place of business of the corporation in Arkansas is designated to be:

c/o The Corporation Company, 417 Spring Street, Little Rock, Arkansas 72201
(Street Address) (City) (State) (Zip)

6. The name and address of the registered agent of the corporation upon whom Service of Process is authorized to be in Arkansas is:

The Corporation Company

(Name)

417 Spring Street, Little Rock, Arkansas 72201

(Street Address)

(City)

(State)

(Zip)

7. The address of the general office or principal place of business of the corporation is:

2643 Huntingdon Pike, Huntingdon Valley, Pennsylvania 19006

(Street Address)

(City)

(State)

(Zip)

8. The number and par value, if any, of shares of the corporation's capital stock owned or to be owned by residents of Arkansas

None9. Value of Assets in Arkansas \$ 52,000Total value of all Assets (including Arkansas) \$ 80,289,771

10. The foreign corporation shall deliver with the completed application a certificate of existence (or document of similar import) duly authorized by the Secretary of State or other official having custody of corporate records in the state or country under whose laws it is incorporated.

11. A filing fee of \$300.00 is submitted herewith in accordance with Act 958 of 1987.

Witness the hand and seal of the corporation, executed under oath by the undersigned in behalf of the corporation on this the 30th day of July, 19 96.

Healthcare Services Group, Inc.
(Name of Corporation)Richard W. Hudson
(Signature of Authorized Officer) Richard W. HudsonSecretary

(Title of Position Held by Authorized Officer)

Fee \$300.00

F-01 Rev. 10-1-88



THE ARKANSAS DIETETICS
LICENSING BOARD
ISSUES THIS LICENSE AS A
LICENSED DIETITIAN
TO

Emily St. Pierre

Under the authority of Dietetic Practice Act No. 392

LICENSE NUMBER

2211

DATE OF ISSUE

05.01.25

EXPIRATION DATE

04.30.26

Susan Morse,
ADH Arkansas Dietetics Licensing Board

A handwritten signature in cursive script that reads "Susan Morse".

Board Chairperson / Member

Chafer Stanley,
ADH Arkansas Dietetics Licensing Board

A handwritten signature in cursive script that reads "Chafer Stanley".

Board Vice Chairperson / Member



3220 Tillman Drive, Suite 300
Bensalem, PA 19020
1-800-363-4274
HCSG.com



Attachment H
Client History Form
Food Services
710-25-055

Attachment H

Food 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 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. As required in Section 2.3.C, please provide a narrative describing current volume, staffing, equipment, and operational standards and capability.

With a heritage of excellence spanning half a century and boasting a dedicated team of over 35,000 employees across 48 states, HCSG is committed to serving the dining and environmental needs of healthcare communities. As a partner with proven systems, innovative resources, and a commitment to go beyond traditional expectations, HCSG consistently delivers truly exceptional experiences and enhanced outcomes. Our expertise ensures that we can transform every interaction into a meaningful and memorable experience.

With over 20 years of dining experience and almost 2,000 dining accounts nationwide and serves over 100 million meals each year. HCSG has developed a systematic approach to dining and nutrition services that has demonstrated success at all types of facilities. Our comprehensive support structure offers:

- *Extensive staff training
- *Computerized menu management with menus designed by our culinary experts with individuals' needs in mind
- *Clinical expertise
- * Quality control systems

Altogether, this results in the Arkansas State Hospital experiencing unparalleled dining services.

Often, dining and nutrition departments can seem overwhelming to manage, but we thrive in highlighting the possibilities and having them come to fruition when you partner with us. HCSG will completely manage the food-service and dietitian services so that the Arkansas State Hospital leadership can focus on all other pressing matters. We equip each department with the appropriate leadership, personnel, training, and development needed to proactively target vulnerabilities and deliver the relevant services required to keep a community running smoothly.

Our dedicated training programs are founded on a detailed, hands-on approach to instruct each associate and implement the methods they need to succeed in all communities. The investments made to train our teams today will directly impact their future success at our company and the service they provide to resident communities. We understand the desire to exceed satisfaction in all aspects of nutritional care. Together with our partners, we develop strategies that put community satisfaction at the center of everything we do. Our services support creating an environment people want to be in, where families look forward to visiting, and employees are proud to work in!

As the nation's leading provider of environmental and dining services management for long-term care, HCSG has the resources and expertise necessary to provide extraordinary results and support the program needs to provide healthy, palatable meals to the patients and community with regulatory compliance and fiscal responsibility in mind. We have the industry knowledge, operational experience, and financial strength needed to support and excel throughout all aspects of the proposed services.

2. As required in Section 2.3.D, please list clients where you (the prime contractor only) **served as the prime contractor** for providing food services in the past three (3) years. For each client, please specify the institution, not just the state or political subdivision. Please briefly describe the scope of the contract, the institution’s patient capacity, and the duration of services. If there are no contracts which meet this definition, please state “none.”

East MS State Hospital
East Mississippi State Hospital in Meridian, Mississippi, is a behavioral health program operated by the Mississippi Department of Mental Health, providing acute psychiatric services, alcohol, and drug addiction treatment services, nursing home services, and community living services that include short-term group home and supported housing services. We have been serving the East MS community since 2021 with our dining services. Our services include three behavioral campuses with a census of around 240 and a 45-bed nursing home. Additionally, our team runs a retail program that serves approximately 100 employees daily.
Andrea Davis, Director of Resources
(601) 581-7666; adavis@emsh.ms.gov

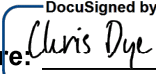
Villa Feliciana Medical Complex
Louisiana Department of Mental Health
Villa Feliciana provides post-acute care to approximately 155 patients who are dually diagnosed with chronic illness and mental health illness. We provide dining services to this facility as well as the East Louisiana Mental Health System. We are proud to partner with the Louisiana Department of Mental Health to provide dining services 2013-2018 and re-established a new contract starting August 2023. Our dining services is inclusive of management, labor, menu programming for a diverse veteran population, food and supplies. In addition, we provide a Registered Dietitian as part of the food service operation oversight.
Patrick Ecklar, Facility Administrator
(225)588-8157; j.patrick.ecklar@la.gov

South Dakota Human Services Center
& Yankton Minimum Center
Yankton Minimum Center (YMC) is a minimum-security prison located in Yankton, SD. The unit supplies workers for several different programs. On a daily basis, inmates work in support services for the Human Services Center (HSC), or are on work release status as these two facilities are part of a singular campus. HCSG began partnering with South Dakota in June 2024 to provide full-service dining services to both the HSC and YMC, serving over 400 individuals daily through patient, inmate, and retail cafeteria meals. Our team works with YMC to coordinate inmate labor, preparing meals in HSC and delivers to YMC, ensuring quality and food safety throughout this process. Our program is inclusive of Registered Dietitian Services, ensuring patient outcomes and health outcomes for the campus members.
David Schiefen, Finance Manager
(605)668-3103, ext. 7103148; david.schiefen@state.sd.us

Arkansas State Veterans Home- Fayetteville
Arkansas State Veterans Home- Fayetteville is a 108-bed facility providing acute and long-term care for veterans and their spouses. We have been a partner with ASVH-Fayetteville since July 2024 providing full-service housekeeping, laundry, dining and dietitian services. Our full-service dining program includes management, labor, food and supply purchasing as well as dietitian services to meet the needs of the veteran community.
Phillip Cappiello, Administrator
(470) 695- 0153; phillip.cappiello@arkansas.gov

Consulate Healthcare
Consulate Healthcare has 45 facilities across the southeast region providing senior healthcare service in post-acute and long term capacities, including Alzheimers and dementia care units. HCSG has been a partner with Consulate since 2007 providing environmental and dining services in facilities throughout their portfolio. HCSG dining services include full management, labor, menu programming and purchasing with local program modifications made in-line with resident centered choices.
John Thomas, Regional Vice President
(662)418-2180; john.c.thomas@consulatehc.com

Diversicare
Diversicare is a post-acute care provider providing services in 45 locations throughout the southeast and parts of the mid-west. HCSG has partnered with Diversicare since 2012 providing Environmental, Dining, and Registered Dietitian services throughout their portfolio. HCSG dining services include full management, labor, menu programming and purchasing with local program modifications made in-line with resident centered choices. Registered Dietitian services are provided as part of our operation oversight and ensuring clinical nutrition compliance while promoting resident centered care.
Byron Hooppaw, Senior Vice President
(618)219-6541; bhooppaw@dvcr.com

DocuSigned by:

AC9B882403FA4DB...

Authorized Signature: _____

Printed/Typed Name: **Chris Dye**

Director of Business Development

Title: _____

Date: 4/8/2025