

***BID RESPONSE PACKET***  
***710-25-064***

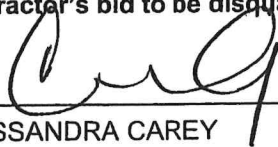
## BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	ASCEND VENTURES GROUP, LLC				
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 type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service-Disabled Veteran <input checked="" 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:	501-690-0246		
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 Bid 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 <i>Bid Response Packet</i> , 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.**

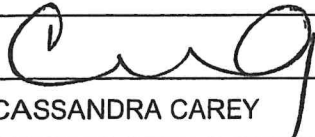
The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's bid to be disqualified:

Authorized Signature:                       Title: Administrative Manager  
 Printed/Typed Name: CASSANDRA CAREY                      Date: 03/31/2025

## **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 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*.

<b>Vendor Name:</b>	ASCEND VENTURES GROUP, LLC	<b>Date:</b>	03/31/2025
<b>Signature:</b>		<b>Title:</b>	ADMINISTRATIVE MANAGER
<b>Printed Name:</b>	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
N/A		

☒ **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 who will inspect the building for each location being bid at least once a week to ensure compliance with all contract requirements:

County	Name	Address	Phone Number
Scott			
Stone			
Washington	MARLON MARSHALL	17200 CHENAL PARKWAY SUITE 300 PMB 422 LITTLE ROCK AR 72223	501-690-0246
Woodruff			
Howard			
Lincoln			
Little River			
Perry			

## 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 F)
- ✓ Mandatory Site Visit Verification Form (Attachment B)

## 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  
—



## 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.

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Employee Signature

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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:** March 17, 2025  
**SUBJECT:** 710-25-064 Janitorial Services

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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**

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- Response Packet – remove and replace with the Revised Response Packet

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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](mailto:DHS.OP.Solicitations@dhs.arkansas.gov) (501) 320-3906.

  
Vendor Signature

3/31/2025  
Date

Ascend Ventures Group, LLC  
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 18, 2025  
**SUBJECT:** 710-25-064 Janitorial Services

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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**

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- Bidders may use the following contact information for scheduling site visits:

County	Phone Number
Scott	(479) 227-7114
Stone	(870)376-7775
Washington	(479) 695-2905
Woodruff	(870) 301-7030
Howard	(870) 845-4334
Lincoln	(870) 628-0151
Little River	(870) 600-6101
Perry	(501) 391-7348

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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](mailto:DHS.OP.Solicitations@dhs.arkansas.gov) (501) 320-3906.

  
 Vendor Signature

3/31/2025  
 Date

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 NAME:

☐ Yes ☒ No

IS THIS FOR:

Goods? ☐ Services? ☒ Both? ☐

TAXPAYER ID NAME: ASCEND VENTURES GROUP, LLC

YOUR LAST NAME: CAREY FIRST NAME CASSANDRA

M.I.:

ADDRESS: 17200 CHENAL PARKWAY SUITE 300 PMB 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.]	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 [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?	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

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 03/31/2025  
Vendor Contact Person CASSANDRA CAREY Title ADMINISTRATIVE MANAGER Phone No. (501) 765-8457

**Agency use only**  
Agency Number 0710 Agency Name Department of Human Services Agency Contact Person \_\_\_\_\_ Agency 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.

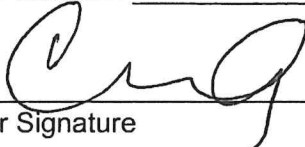
By signing this form, the Contractor agrees and certifies they are not a Scrutinized Company and they do not currently and shall not for the aggregate term of any resultant contract:

- 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

  
\_\_\_\_\_  
Vendor Signature

03/31/2025  
\_\_\_\_\_  
Date

***Attachment F***  
***Client History Form***  
***Janitorial Services***  
***710-25-064***

## Attachment F

### 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.

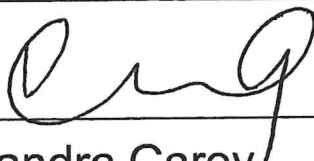
The boxes below each prompt will expand if necessary. The form **must** be signed (please see the final page) by the same signatory who signed the Response Signature Page.

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."

Jan Pro of Arkansas  
3 years  
13 buildings/companies across the state

National Janitorial Services  
2 Years  
5 buildings across the state

Authorized Signature: \_\_\_\_\_



Title: \_\_\_\_\_

Administrative Manager

Printed/Typed Name: \_\_\_\_\_

Cassandra Carey

Date: \_\_\_\_\_

03/31/2025

## ATTACHMENT B - 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 Invitation for Bid 710-25-064 for Janitorial Services.

<b>PROSPECTIVE CONTRACTOR'S REPRESENTATIVE INFORMATION</b>	
<b>Company Name:</b>	
<b>Representative's Printed Name:</b>	
<b>Signature:</b>	
<b>COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – SCOTT CO.</b>	
<b>Printed Name:</b>	
<b>Signature:</b>	
<b>Date of Site Visit:</b>	
<b>COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – STONE CO.</b>	
<b>Printed Name:</b>	
<b>Signature:</b>	
<b>Date of Site Visit:</b>	
<b>COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – WASHINGTON CO. MAIN OFFICE</b>	
<b>Printed Name:</b>	Sabine Graham
<b>Signature:</b>	Sabine Graham
<b>Date of Site Visit:</b>	03/26/25
<b>COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – WASHINGTON CO. ANNEX OFFICE</b>	
<b>Printed Name:</b>	Bobby Steward
<b>Signature:</b>	Bob Stewart
<b>Date of Site Visit:</b>	03/26/2025



<b>COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – WOODRUFF CO.</b>	
<b>Printed Name:</b>	
<b>Signature:</b>	
<b>Date of Site Visit:</b>	
<b>COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – HOWARD CO.</b>	
<b>Printed Name:</b>	
<b>Signature:</b>	
<b>Date of Site Visit:</b>	
<b>COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – LINCOLN CO.</b>	
<b>Printed Name:</b>	
<b>Signature:</b>	
<b>Date of Site Visit:</b>	
<b>COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – LITTLE RIVER CO.</b>	
<b>Printed Name:</b>	
<b>Signature:</b>	
<b>Date of Site Visit:</b>	
<b>COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – PERRY CO.</b>	
<b>Printed Name:</b>	
<b>Signature:</b>	
<b>Date of Site Visit:</b>	

Ascend Ventures Group

# **OFFICIAL BID PRICE SHEET** **710-25-064 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	Janitorial - Scott County	5,740		
2	Janitorial - Stone County	7,500		
3	Janitorial - Washington County	24,529	\$0.23	\$5,641.67
4	Janitorial - Woodruff County	8,100		
5	Janitorial - Howard County	3,060		
6	Janitorial - Lincoln County	3,405		
7	Janitorial - Little River County	3,654		
8	Janitorial - Perry County	5,565		

Number of hours bidder proposes to clean per day: 10.2

**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 Date: 3/31/25  
 Signature: [Signature] Title: Admin mgr.  
 Printed Name: Cassandra Carey