

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Arkansas Healthcare Personnel, Inc.			
Address:	425 N. University			
City:	Little Rock	State:	AR	Zip Code: 72205
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"/> Asian American <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input checked="" type="checkbox"/> Women-Owned			
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:	Kathy Edwards	Title:	President / CEO
Phone:	501-666-1825	Alternate Phone:	
Email:	kedwards@ahpnurses.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 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>

ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.
<input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

An official authorized to bind the Prospective Contractor to a resultant contract must sign below.

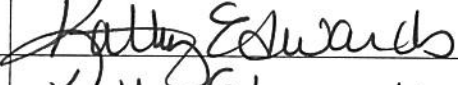
The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's bid to be disqualified:

Authorized Signature: <u>Kathy Edwards</u> <small>Use Ink Only</small>	Title: <u>President / CEO</u>
Printed/Typed Name: <u>Kathy Edwards</u>	Date: <u>6-14-2021</u>

SECTION 1 - 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 this section of the bid solicitation.

Vendor Name:	Arkansas Healthcare Personnel Inc	Date:	6-14-2021
Signature:		Title:	President / CEO
Printed Name:	Kathy Edwards		

SECTION 2 - 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 this section of the bid solicitation.

Vendor Name:	Arkansas Healthcare Personnel Inc	Date:	6-14-2021
Signature:	Kathy Edwards	Title:	President / CEO
Printed Name:	Kathy Edwards		

SECTION 3 - VENDOR AGREEMENT AND COMPLIANCE

- 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 this section of the bid solicitation.

Vendor Name:	Arkansas Healthcare Personnel Inc	Date:	10-14-2021
Signature:	Kathy Edwards	Title:	President / CEO
Printed Name:	Kathy Edwards		

SECTION 4 - VENDOR AGREEMENT AND COMPLIANCE

- 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 this section of the bid solicitation.

Vendor Name:	Arkansas Healthcare Personnel Inc	Date:	11-14-2021
Signature:	Kathy Edwards	Title:	President / CEO
Printed Name:	Kathy Edwards		

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.**

By signature below, vendor agrees to and **shall** fully comply with all Requirements related to subcontractors as shown in the bid solicitation.

Vendor Name:	Arkansas Healthcare Personnel Inc	Date:	6-14-2021
Signature:	Kathy Edwards	Title:	President/CEO
Printed Name:	Kathy Edwards		

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:

Goods? ☐ Services? ☒ Both? ☐

TAXPAYER ID NAME: Arkansas Healthcare Personnel Inc

YOUR LAST NAME: Edwards

FIRST NAME: Cathy

M.I.: A

ADDRESS: 435 N. University

STATE: AR

ZIP CODE: 72205

COUNTRY: USA

CITY: Little Rock

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

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 Kathy Edwards Title President / CEO Date 6-14-2021
Vendor Contact Person Kathy Edwards Title President / CEO Phone No. 501-606-1825

Agency use only

Agency Number 0710

Agency Name Department of Human Services

Agency Contact Person _____

Contact Phone No. _____

Contact or Grant No. _____

ARKANSAS HEALTHCARE PERSONNEL INC

EQUAL OPPORTUNITY POLICY

Arkansas Healthcare Personnel Inc., has established and adopted an Equal Employment Opportunity Employment policy ("EEO"), which is part of the Company's Human Resources Policy. The purpose of this EEO policy is to ensure that all employment decisions are made on a non-discriminatory basis, and without regard to sex, race, color, age, national origin, religion, disability, genetic information, marital status, sexual orientation, gender identity/reassignment, citizenship, pregnancy or maternity, veteran status, or any other status protected by applicable national, federal, state or local law

Arkansas Healthcare Personnel Inc., will recruit, hire and promote without regard to sex, race, color, age, national origin, religion, disability, genetic information, marital status, sexual orientation, gender identity, citizenship, pregnancy or veteran status, or any other status protected by applicable law. The Company will make all decisions of employment with consideration to appropriate principles of Equal Employment and Affirmative Action. Promotional opportunities will be filled based on merit, experience and other job-related criteria. Personnel actions, such as compensation, benefits, transfers, layoffs, company-sponsored training programs, and social and recreational programs, will be administered on a non-discriminatory basis.

Instructions

This Response Template must be used for submission of written questions. All questions should provide the requested information. Those that do not, may not be answered by DHS. The Vendor may add as many lines as needed. DHS would strongly prefer the Vendor to ask multi-part questions as individual questions on separate lines.

Instructions: Complete all cells of each question asked in the Table below. Clearly identify the referenced section or text.

Question ID	RFP Reference (page number, section number, paragraph)	Specific RFP Language	Question	Answers
Example	Page 7, section 1.15, C	J. Vendors may submit multiple bid	May vendors submit more than one bid?	yes See section 1.15, J
1	Document -IFB_710210031 - Page - 12 - Section 2.4	SCOPE OF WORK	How many CNA requirements/positions can we expect under this contract throughout the given term?	It would be impossible to provide a number as some facilities needs are significantly greater than others; however, at a minimum, all 5 HDCs would engage multiple qualified CNAs (for the foreseeable future) upon contract implementation if available. Need from there may increase or decrease depending on circumstances.
2	Document -IFB_710210031 - Page - 12 - Section 2.4	SCOPE OF WORK	What will be the estimated annual budget for this project?	Budget is variable and based upon HDC need.
3	Document -IFB_710210031 - Page - 6 -Section 1.18	AWARD PROCESS	Is there any local preference for Arkansas based responders for this contract?	No.
4	Document -IFB_710210031 - Page - 12 - Section 2.4	SCOPE OF WORK	Please share the historical spend under this contract for the year 2020?	There is no historical spend as this is the first DDS CNA staffing solicitation.
5	Document -IFB_710210031 - Page - 4 -Section 1.11	SUBCONTRACTORS	Is there a subcontracting goal with an M/WBE firm mandatory for this contract?	No.
6	Document -IFB_710210031 - Page - 7 -Section 1.19	MINORITY AND WOMEN-OWNED BUSINESS POLICY	Is there any preference given for Arkansas based M/WBE prime contractors? If yes, What is the percentage?	No.
7	Document -IFB_710210031 - Page - 6 -Section 1.18	AWARD PROCESS	Please share the anticipated number of awards that will be made under this contract?	There are no minimum or maximum thresholds set by this solicitation for the number of awards. The State will award at its discretion to vendors : a) in numbers sufficient to provide staffing for all of its stated needs and b) who bid in a competitive price range.

8	Document -IFB_710210031 - Page - 12 - Section 2.4	SCOPE OF WORK	Is this a re-compete IFB? If yes, Could you please share the name of Current Suppliers (who are currently providing services to the Agency)? Could you please share current Supplier's pricing and Proposals? When the existing contract was started, and what is the annual monetary spent value of the current contract since inception? How many resources are currently engaged in the current contract? Can you please share the no. of positions served in previous years under this contract? Can you please share the amount of business each vendor did under this contract in previous years?	No, this is the first solicitation for CNA specific staffing that DDS has put out for bid.
9	Document -IFB_710210031 - Page - 11 - Section 2.2	SERVICE DELIVERY LOCATION	Functional Capacity - Are these anticipated no. of requirements for CNAs under this contract?	CNAs will be engaged on an as-needed basis, and length of assignment may vary from long-term to shift-to-shift.
10	Document -IFB_710210031 - Page - 11 - Section 2.3	MINIMUM QUALIFICATIONS	Do we need to provide resumes of 10 vendors personnel (CNAs) in order to qualify this Minimum qualification criteria?	No, but must be CNAs. State will check names submitted against State CNA database.
11	Document -IFB_710210031 - Page - 11 - Section 2.3	MINIMUM QUALIFICATIONS	Do we need to have minimum 10 CNAs in our current pool in Arkansas state or minimum 10 CNAs in our pool across all states?, Please confirm.	Current pool of 10 CNAs in Arkansas.
12	Document - Response Packet - Page - 8 - Section	OFFICIAL BID PRICE SHEET	Do we need to provide crisis rates or standard rates?	Vendors are to complete the pricing sheet with their standard rates per shift for each HDC. The importance of "crisis" in 1.18.2 is that the HDC's can call all vendors in any order in the event they have an immediate need.
13	Document -IFB_710210031 - Page - 12 - Section 2.4	SCOPE OF WORK	Is this going to be a 13/26 weeks assignments for CNAs or do they need to work throughout the duration of the contract?, Please clarify	Qualified CNAs would be engaged on an as-needed basis, which could be anything from long term to shift-to-shift assignments.
14			Is this a new initiative? If not, please provide the names of the current vendor(s) providing the services.	Yes.
15			Can you please let us know the previous spending of this contract?	This is the first CNA staffing solicitation that DDS has put out for bid.
16			Please confirm if we can get the proposals or pricing of the incumbent(s).	This is the first CNA staffing solicitation that DDS has put out for bid.
17			Are there any pain points or issues with the current vendor(s)?	This is the first CNA staffing solicitation that DDS has put out for bid.
18			Please confirm the anticipated number of awards.	There are no minimum or maximum thresholds set by this solicitation for the number of awards. The State will award at its discretion to vendors : a) in numbers sufficient to provide staffing for all of its stated needs and b) who bid in a competitive price range.

19	Scope of Work: E. Call-ins or Cancellations, page 13	2. Regarding the statement <i>If vendor personnel commit to a shift and then cancel, the vendor shall be responsible for filling that shift even if it puts the replacement vendor personnel in overtime status. If this happens the HDC's shall not bear the overtime expense.</i>	What is the procedure and/or penalty if the vendor cannot fill the shift?	See contract performance indicators. Vendor could be removed from the contract for repeat offenses.
20	General Question	General Question	Is this contract required to be put out for bid?	Yes.
21	General Question	General Question	Who are your current incumbent vendors for these services?	This is the first CNA staffing solicitation that DDS has put out for bid.
22	General Question	General Question	Are you satisfied with your current vendors?	This is the first CNA staffing solicitation that DDS has put out for bid.
23	General Question	General Question	Are your current incumbent vendors meeting your staffing needs?	This is the first CNA staffing solicitation that DDS has put out for bid.
24	General Question	General Question	What improvements would you like to see made from your current program?	Would like to have contract CNAs available as needed.
25	General Question	General Question	Can you provide last year's usage for these services in either number of hours filled and/or total cost in dollar amount used for these services broken down by the positions solicited in this IFB?	This is the first CNA staffing solicitation that DDS has put out for bid.
26	General Question	General Question	What are your current hourly bill rates by classification?	This is the first CNA staffing solicitation that DDS has put out for bid.
27	General Question	General Question	Are we able to take exceptions and propose language to any of the terms and/or requirements?	Any bid that is submitted as contingent upon changes to the terms and requirements of this solicitation will be disqualified.
28			Is it your preference for the vendor to have a local office in Arkansas?	While it could certainly be beneficial in practice, there is no requirement or preference for an office in Arkansas.
29			Is this a new contract or is there any incumbent?	There were short term emergency contracts implemented until this solicitation was completed.
30			Can you provide current rates?	This is the first CNA staffing solicitation that DDS has put out for bid.

Attn: Edwards
5/14/2021



City of Little Rock
Treasury Management Division

100 City Hall
500 West Markham St
Little Rock, Ar 72201
Phone: (501) 371-4566
Fax: (501) 371-4569

2021

Business License

2021

License is **KATHEY EDWARDS & ANGELINE MILLER**
Granted To: **ARKANSAS HEALTHCARE PERSONNEL**
425 N UNIVERSITY AVE
LITTLE ROCK, AR 72205

License **ARKANSAS HEALTHCARE PERSONNEL**
Address: **425 N UNIVERSITY AVE**
LITTLE ROCK, AR 72205

Account Number: **BL147817**

Payment Number: **B24795/IA20122325**

Item	Description of Business	Amount
2810	EMPLOYMENT AGENCY-BASE	135.00
2811	EMPLOYMENT AGENCY-EMP.	500.00

Auto Assessment Charge

TOTAL PAID

\$635.00

In the City of Little Rock, County of Pulaski, State of Arkansas. For 12 months from the 1st day of **January, 2021**.
Given under my hand this the **28th** day of **December, 2020**.

Scott Massanelli **Treasury Manager**

By: Amanda McKinney

INFORMATION OF IMPORTANCE TO HOLDER OF THIS ORIGINAL LICENSE:

This License: 1. Does not authorize a business to operate in conflict with the laws of the City of Little Rock (inclusive of zoning regulations or the State of Arkansas.
2. Must be posted in a conspicuous place at the business location being licensed.
3. Is **NOT** transferable with respect to location, business classification, or ownership. Change in location, classification or ownership will necessitate a new license.



City of Little Rock
Treasury Management Division

100 City Hall
500 West Markham St
Little Rock, Ar 72201
Phone: (501) 371-4566
Fax: (501) 371-4569

2020

Business License

2020

License is **KATHEY EDWARDS & ANGELINE MILLER**
Granted To: **ARKANSAS HEALTHCARE PERSONNEL**
425 N UNIVERSITY AVE
LITTLE ROCK, AR 72205

License **ARKANSAS HEALTHCARE PERSONNEL**
Address: **425 N UNIVERSITY AVE**
LITTLE ROCK, AR 72205

Account Number: **BL147817**

Payment Number: **B23428/84767**

Item	Description of Business	Amount
2810	EMPLOYMENT AGENCY-BASE	135.00
2811	EMPLOYMENT AGENCY-EMP.	520.00

Auto Assessment Charge

TOTAL PAID

\$655.00

In the City of Little Rock, County of Pulaski, State of Arkansas. For 12 months from the 1st day of **January, 2020**.
Given under my hand this the **11th** day of **December, 2019**.

Scott Massanella **Treasury Manager**

By: **Amanda McKinney**

INFORMATION OF IMPORTANCE TO HOLDER OF THIS ORIGINAL LICENSE:

- This License:
1. Does not authorize a business to operate in conflict with the laws of the City of Little Rock (inclusive of zoning regulations or the State of Arkansas).
 2. Must be posted in a conspicuous place at the business location being licensed.
 3. Is **NOT** transferable with respect to location, business classification, or ownership. Change in location, classification or ownership will necessitate a new license.



City of Little Rock
Treasury Management Division

100 City Hall
500 West Markham St
Little Rock, Ar 72201
Phone: (501) 371-4566
Fax: (501) 371-4569

2019

Business License

2019

License is **EDWARDS, KATHEY & MILLER, ANGELINE**
Granted To: **ARKANSAS HEALTHCARE PERSONNEL**
425 N UNIVERSITY AVE
LITTLE ROCK, AR 72205

License **ARKANSAS HEALTHCARE PERSONNEL**
Address: **425 N UNIVERSITY AVE**
LITTLE ROCK, AR 72205

Account Number: **BL147817**

Payment Number: **B21872/83158**

Item	Description of Business	Amount
2810	EMPLOYMENT AGENCY-BASE	135.00
2811	EMPLOYMENT AGENCY-EMP.	800.00

Auto Assessment Charge

TOTAL PAID

\$935.00

In the City of Little Rock, County of Pulaski, State of Arkansas. For 12 months from the 1st day of **January, 2019**.
Given under my hand this the **7th** day of **January, 2019**.

Scott Massanella **Treasury Manager**

By: Amanda McKinney

INFORMATION OF IMPORTANCE TO HOLDER OF THIS ORIGINAL LICENSE:

- This License:
1. Does not authorize a business to operate in conflict with the laws of the City of Little Rock (inclusive of zoning regulations or the State of Arkansas.
 2. Must be posted in a conspicuous place at the business location being licensed.
 3. Is **NOT** transferable with respect to location, business classification, or ownership. Change in location, classification or ownership will necessitate a new license.



Search Incorporations, Cooperatives, Banks and Insurance Companies

Notice: 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

[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 HEALTHCARE PERSONNEL, INC.
Fictitious Names	
Filing #	100098319
Filing Type	For Profit Corporation
Filed under Act	Dom Bus Corp; 958 of 1987
Status	Good Standing
Principal Address	425 NORTH UNIVERSITY AVE UNIT A LITTLE ROCK, AR 72201
Reg. Agent	KATHY EDWARDS CPA,PA
Agent Address	425 N UNIVERSITY AVE LITTLE ROCK, AR 72201
Date Filed	08/06/1992
Officers	SEE FILE, Incorporator/Organizer L. TRAY OTT, CPA, Tax Preparer KATHY EDWARDS , President ANGIE MILLER , Vice-President
Foreign Name	N/A
Foreign Address	
State of Origin	N/A

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

[Pay Franchise Tax for this corporation](#)

ARKANSAS HEALTHCARE PERSONNEL INC

ROSTER LIST

CONWAY HDC

Kim Glover
Sharon Ridgell
Charlonza Rose
Dulce Zermino
Venita Lambert
Lesa Stubblefield
Rajae Rogers
Pam Baker
Zara Daniels
Elnora Ratcliff

ARKADELPHIA HDC

Megan Ray
Chandra Watkins
Nakesha Mickles
Fernando Quintero
Misty Bucy
Dikesha Harris
Matison Wood
Luberta Tillman
Kertson Ratcliff
Amber West

BOONEVILLE HDC

Dabria Thompson
Khadidjah White
Natoya Yarbrough
Alissa Anderson
Nina Cooper
Rachel Harper
Taylor Wright
Janet Wilson
Dethanie Grant
Stephanie Lee

JONESBORO HDC

Lamanda Anderson
Shunatera Lowe
Shantay Devlin
Crystal Jackson
Tonisha Freeman
Lakisha Williams
Sharcarlias Hall
Deloris Austin
Taylor McCaster
Marilyn Reynolds Bailey

WARREN HDC

Sharon Harston
Timothy Jones
Khadijah James
Marla Neal
Barbara Winfrey
Shacara Jemerson
Riquela Loblely
Nance Greeno
Maureen Anderson
Jennifer Gooden

ARKANSAS HEALTHCARE PERSONNEL INC
CURRENT ACCOUNTS

Parkway Health Center

14324 Chenal Parkway

Little Rock AR 72211

Karmel Ancel, RN

RN Nurse Manager

Karmel.ancel@baptist-health.org

501-202-1645 – Main Number

501-202-1693 – Fax Number

Arkansas State Veterans Home

2401 John Ashley Drive

North Little Rock, AR 72114

Shantel Mitchell, RN

RN Nurse Manager

Shantel.Mitchell@arkandsas.gov

501-683-1406 - Main Number

501-682-0357- Fax number

OFFICIAL BID PRICE SHEET

Vendors are to check the box beside the Human Development Center (HDC) which they are bidding. Vendors are allowed to bid on more than one HDC however they must have the minimal number of staff to meet the needs of each HDC for which they are bidding.

☒ Arkadelphia ☒ Booneville ☒ Conway ☒ Jonesboro ☒ Southeast

Respondent proposes to do the work described in the "Scope of Work: of this IFB at the following proposed rate during the anticipated contract period: Bid rate are to be all inclusive there shall be no separate pay for travel or mileage.

DESCRIPTION	RATE TYPE	BID RATE PER HOUR
Certified Nursing Assistant	Weekday 6:00am-6:00pm	\$ 26.25
	Weekday 6:00pm-6:00am	\$ 27.00
	Weekend (6:00pm Friday thru 6:00am Monday)	\$ 27.00
	Holiday*	\$ 39.38 weekday 6a-6p \$ 40.50 weekday 6p-6a & weekend.

* Holidays are as defined in Section 1.30 "State Holidays" of the IFB document.

AUTHORIZATION SIGNATURE

By my signature below, I certify that the aforementioned statements are true and correct and that I accept the Terms and Conditions as presented in this bid, and that I am authorized by the respondent to submit this bid on his/her behalf.

Vendor Name: Arkansas Healthcare Personnel Inc	Date: 6-14-2021
Signature: Kathy Edwards	Title: President / CEO
Printed Name: Kathy Edwards	

ARKANSAS HEALTHCARE PERSONNEL INC

PRICE QUOTE JUSTIFICATION

Price quote includes increased pay rates to employees. Due to Covid and the increased shortage of staff, we have increased our pay rates for all facilities in order to be able to fulfill staffing needs. Other facilities have increased bill rates, employees will usually take shifts that pay more, so in order to be competitive with our other facilities rates must be increased. We also are taking into consideration, the mandated increases in minimum wages.

Price includes:

Pay rate for employee

Payroll Taxes

WC and Liability insurance increased rates

Advertising and Recruiting cost

Office Overhead