

BID RESPONSE PACKET
710-21-0029

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:	Arkansas Quality Therapy Co		
Address:	1410 W. Daisy Bates Drive		
City:	Little Rock	State:	AR Zip Code: 72202
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 #:		5580718	
* See Minority and Women-Owned Business Policy in Solicitation Terms and Conditions			

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for bid solicitation-related matters			
Contact Person:	Trooper Tolbert	Title:	owner
Phone:	501-765-2911	Alternate Phone:	501-313-5331
Email:	trooper@arkansasqualitytherapy.com		

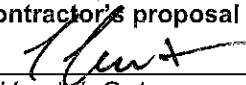
CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <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 Solicitation Terms and Conditions for additional information.</i>

ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Bid Solicitation</i> , Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants and shall not employ or contract with illegal immigrants during the term of a contract awarded as a result of this bid solicitation.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, Prospective Contractor agrees and certifies that they do not boycott Israel and shall not during the aggregate term of a contract awarded as a result of this bid solicitation.
<input checked="" type="checkbox"/> Prospective Contractor does not and shall not boycott Israel.

An official authorized to legally bind the Prospective Contractor must sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* may cause the Prospective Contractor's proposal to be rejected.


Authorized Signature:  Title: owner
Use Ink Only.

Printed/Typed Name: Trooper Tolbert Date: 4/19/2022

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.

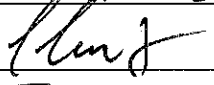
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	Arkansas Quality Therapy Co	Date:	4/19/2022
Authorized Signature:		Title:	Owner
Print/Type Name:	Trooper Tolbert		

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.

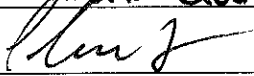
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	Arkansas Quality Therapy Co	Date:	4/19/2022
Authorized Signature:		Title:	owner
Print/Type Name:	Trooper Tolbert		

SECTION 3,4 - 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 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. **Use Ink Only**

Vendor Name:	Arkansas Quality Therapy Co	Date:	4/19/2022
Authorized Signature:		Title:	owner
Print/Type Name:	Trooper Tolbert		

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 Quality Therapy Co	Date:	4/19/2022
Authorized Signature:		Title:	owner
Print/Type Name:	Trooper Tolbert		

Contract Number _____
Attachment Number _____
Action Number _____

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

TAXPAYER ID NAME: Arkansas Quality Therapy Co.

IS THIS FOR:

Goods? ☐ Services? ☒ Both? ☐

YOUR LAST NAME: Tolbert

FIRST NAME Trooper

ML: A

ADDRESS: 14413 Parkway Meadows Drive

STATE: AR

ZIP CODE: 72202

COUNTRY: U.S.

CITY: Alexander

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.]	Person's Name(s)	Relation
	Current	Former		From MM/YY	To MM/YY			
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee		✓	Arkansas Rehab Services	1/14	6/17	Trooper Tolbert		Self

☐ 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?	Person's Name(s)	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY				
General Assembly									
Constitutional Officer									
State Board or Commission Member									
State Employee		✓	Arkansas Rehab Services	01/14	6/17	Trooper Tolbert		50% Owner	50%

☐ 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 Owner

Date 4/18/2022

Vendor Contact Person Trooper Tolbert

Title Owner

Phone No. (501) 765-2911

Agency use only

Agency

Number 0710

Agency

Name Department of Human Services

Agency

Contact Person

Contact

Phone No.

Contract

or Grant No.

Contract Number _____
Attachment Number _____

Action Number _____

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

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

TAXPAYER ID NAME: Arkansas Quality Therapy Co.

IS THIS FOR:

Goods? ☐ Services? ☒ Both? ☐

YOUR LAST NAME: Kimbraugh

FIRST NAME: Cory

M.I.: H

ADDRESS: 14105 Skyline Dr.

CITY: Alexander

STATE: AR

ZIP CODE: 72002

COUNTRY: U.S.

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.]	Person's Name(s)	Relation
	Current	Former		From MM/YY	To MM/YY			
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee		✓	Program Director	1/13	3/17	Cory Kimbraugh		Self

☐ 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		✓	Program Director	1/13	3/17	Cory Kimbraugh	50%	50%

☐ 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 Owner

Date 4/19/22

Vendor Contact Person T. Baeza

T. Baeza

Title Owner

Phone No. 501-765-2911

Agency use only

Agency Number 0710

Agency Name Department of Human Services

Agency Contact Person _____

Contact Phone No. _____

Contact or Grant No. _____



Arkansas Quality Therapy Co

1410 W. Daisy Bates, Little Rock, AR 72202
501.313.5339 (office) 501.897.6195 (fax)
arkansasqualitytherapy@gmail.com

April 19, 2022

To whom it may concern,

This letter is to address the missing signature for Corey Kimbrough on the Contract and Grant Disclosure and Certification Form. On October 27 2021, Corey Kimbrough passed away and his 50% equity share in Arkansas Quality Therapy Co is currently going through probate. If you have any questions, I'd be happy to discuss.

Sincerely,

Trooper Tolbert



Arkansas Quality Therapy Co

1410 W. Daisy Bates Dr., Little Rock, AR 72202

501-313-5331 (office) 501.897.6195 (fax)

arkansasqualitytherapy@gmail.com

Equal Employment Opportunity Policy

Arkansas Quality Therapy Co. is committed to providing a non-discriminatory employment environment for its employees.

The policy of Arkansas Quality Therapy Co. is to fully comply with applicable federal, state and local laws, rules and regulations in the area of non-discrimination in employment.

Discrimination against employees and applicants due to race, color, religion, sex (including sexual harassment), national origin, disability, age (40 years or older), military and veteran status is prohibited. Violations of this policy will be subject to discipline, up to and including termination.

Equal employment opportunity and non-discriminatory commitments include, but are not limited to, the areas of hiring, promotion, demotion or transfer, recruitment, discipline, layoff or termination, rate of compensation and company sponsored training.

All employees are expected to comply with this Equal Employment Opportunity Policy.

Managers and supervisors who are responsible for meeting business objectives are expected to cooperate fully in meeting Arkansas Quality Therapy Co equal employment opportunity objectives.

Any employee who believes he or she has been discriminated against must immediately report any incident to the company's HR.

The company will not tolerate retaliation against any employee who reports acts of discrimination or provides information in connection with any such complaint.

If you have any questions regarding this policy, please contact Trooper Tolbert, COO at 501-765-2911.

Arkansas Quality Therapy Co is an equal opportunity employer

Reaching New Horizons Without Barriers

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 4

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: April 26, 2022
SUBJECT: 710-21-0029 Developmental Disability Services

The following change(s) to the above referenced IFB have been made as designated below:

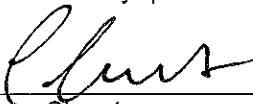
☐ Change of specification(s)
☐ Additional specification(s)
☒ Change of bid opening date and time
☐ Cancellation of bid
☐ Other

CHANGE TO BID OPENING DATE AND TIME

Bid submission Date has changed to May 2, 2022 1:00 pm CST
Bid Opening Date has changed to May 2, 2022, 2:00 pm CST

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: Buyer's name, Buyer's email address and phone number.


Vendor Signature
Date 4/26/2022
Arkansas Quality Therapy Co.
Company

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 3

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: April 21, 2022
SUBJECT: 710-21-0029 Developmental Disability 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

CHANGE TO BID OPENING DATE AND TIME

Bid submission Date has changed to April 27, 2022 1:00 pm CST
Bid Opening Date has changed to April 27, 2022, 2:00 pm CST

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: Buyer's name, Buyer's email address and phone number.

Vendor Signature

Date

Arkansas Quality Therapy Co.
Company

4/29/2022

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: April 4, 2022
SUBJECT: 710-21-0029 Developmental Disability 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

CHANGE TO BID OPENING DATE AND TIME

Bid submission Date has changed to April 22, 2022 1:00 pm CST
Bid Opening Date has changed to April 22, 2022, 2:00 pm CST

OTHER

Bid Price Sheet has been revised.
Attachment C – Performance Based Contracting has been revised.
Solicitation IFB 710-21-0029 has been revised.

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: Buyer's name, Buyer's email address and phone number.

Vendor Signature

Date

[Signature]
Arkansas Quality Therapy Co.
Company

4/19/2022

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 29, 2022
SUBJECT: 710-21-0029 Developmental Disability 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

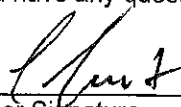
OTHER

- IFB, Page 3, Section 1.10.C, delete and replace with the following:

Contractor's written questions will be consolidated and responded to by the State. The State's consolidated written response is anticipated to be posted to the OP website on or around April 1, 2022.

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: Buyer's name, Buyer's email address and phone number.


Vendor Signature
Date 4/19/2022
ARKANSAS Quality THERAPY Co.
Company



**Arkansas Secretary of State
John Thurston**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show


ARKANSAS QUALITY THERAPY CO.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office November 21, 2014.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 11th day of April 2022.


John Thurston
Secretary of State
Online Certificate Authorization Code: 31ab0c70e07b1f7
To verify the Authorization Code, visit sos.arkansas.gov

Arkansas Medicaid Provider Number
CES



Community and Employment Support Waiver License
Arkansas Department of Human Services

This license is awarded to

ARKANSAS QUALITY THERAPY CO

07/01/2021 – 06/30/2022

Approved Services

Community Transition

Crisis Intervention

Supported Living: Respite

Adaptive Equipment: Environmental Modifications

Supplemental Support: Special Medical Supplies

Supported Employment

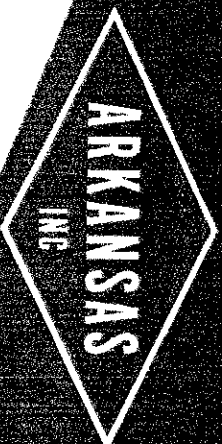
Consultation

Regina Davenport DDS Asst. Director Waiver Services

Agency/ director/ designee, title

07/01/2021 LD

Date



Minority and Women-Owned Business Enterprise Certification

This acknowledges and recognizes that

Arkansas Quality Therapy Co.

is certified by the Arkansas Economic Development Commission, Division of
Minority and Women-Owned Business Enterprise, as a minority-owned, operated
and managed business enterprise according to the certification standards
established by Act 1080 of 2017.

Certification Number: **5580718**


Issuance Date: **July 2020**

Expiration Date: **July 2022**

NAICS Code(s):

624120, 621610, 624110, 624229, 624410


Michael Preston, Executive Director
Arkansas Economic Development Commission


Patricia Nunn Brown, Director
Division of Minority and Women-Owned
Business Enterprise

