

# BID RESPONSE PACKET

## 710-21-0029

Authorized Signature

Steve Evans

4/20/22

## BID SIGNATURE PAGE

Type or Print the following information.


PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:	Arkansas Support Network		
Address:	6836 Isaacs Orchard Rd		
City:	Springdale	State:	AR Zip Code: 72762
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" 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 in Solicitation Terms and Conditions	

PROSPECTIVE CONTRACTOR CONTACT INFORMATION	
Provide contact information to be used for bid solicitation-related matters.	
Contact Person:	<div style="display: flex; justify-content: space-between;"> <span>Sis Trautman</span> <span>Title: Director of Children and Family</span> </div>
Phone:	<div style="display: flex; justify-content: space-between;"> <span>(479) 927-4100</span> <span>Alternate Phone: (479) 957-4460</span> </div>
Email:	ittrautman@supportns.org

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input 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.
<p><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></p>
ILLEGAL IMMIGRANT CONFIRMATION
<p>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.</p>
ISRAEL BOYCOTT RESTRICTION CONFIRMATION
<p>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.</p> <p><input checked="" type="checkbox"/> Prospective Contractor does not and shall not boycott Israel.</p>

**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: CEO

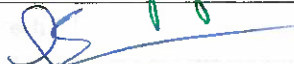
Use Ink Only.

Printed/Typed Name: Syndel Evans Date: 4/20/22

## **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.

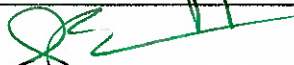
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	Ark. Support Network	Date:	4/20/22
Authorized Signature:		Title:	CEO
Print/Type Name:	Sybil Evans		

## **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:	Ark. Support Network	Date:	4/20/22
Authorized Signature:		Title:	CEO
Print/Type Name:	Syand Evans		

## PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

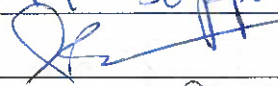
**PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.**

*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**

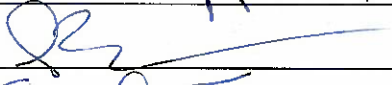
By signature below, vendor agrees to and **shall** fully comply with all Requirements related to subcontractors as shown in the bid solicitation.

<b>Vendor Name:</b>	Ark. Support Network	<b>Date:</b>	4/20/22
<b>Authorized Signature:</b>		<b>Title:</b>	CEO
<b>Print/Type Name:</b>	Sybil Evans		

## **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:	Ark. Support Network	Date:	4/20/22
Authorized Signature:		Title:	CEO
Print/Type Name:	Sybil Evans		



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 [Signature] Title CEO Date 4/20/22

Vendor Contact Person Spand Evans Title CEO Phone No. 479-927-4100

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 \_\_\_\_\_

## 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:

YOUR LAST NAME:

FIRST NAME:

M.I.:

ADDRESS:

STATE:

ZIP CODE:

COUNTRY:

CITY:

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								

☒ 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



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**

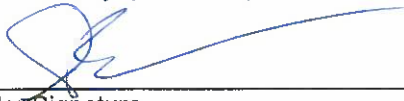
Bid submission Date has changed to April 22, 2022 1:00 pm CST  
Bid Opening Date has changed to April 22, 2022, 2:00 pm CST

**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 4/20/22  
Ark. Support Network  
Company \_\_\_\_\_

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

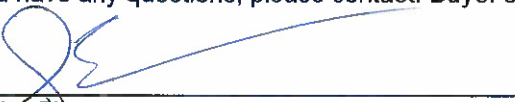
**OTHER**

- 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 4/20/22  
Ark. Support Network  
Company \_\_\_\_\_

## EQUAL EMPLOYMENT OPPORTUNITY

201:1

**Policy:** It is the policy of ASN to provide equal opportunity in employment to all employees and applicants for employment. No person is to be discriminated against in employment because of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, military status, or genetic information.

**Comment:**

- (1) This policy applies to all terms, conditions, and privileges of employment including, but not limited to hiring, probationary period, training, placement, and employee development, promotion, transfer, compensation, benefits, educational assistance, layoff and recall, social and recreational programs, employee facilities, termination, and retirement.
- (2) The designated equal opportunity officer of ASN will be the CEO.
- (3) Any communication from an applicant for employment, an employee, a government agency, or an attorney concerning any equal employment opportunity matter will be referred to the CEO.
- (4) Any employees who feel that they are the victim of discrimination have a responsibility to report this fact to their supervisor and/or or the human resources department and/or the CEO.



## Search Incorporations, Cooperatives, Banks and Insurance Companies

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. Please review our [NAME AVAILABILITY GUIDELINES HERE](#) prior to searching for a new entity name.

[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 SUPPORT NETWORK, INC.
Fictitious Names	ARKANSAS YOUTH UNITED NONPROFIT DEVELOPMENT SOLUTIONS NORTHWEST SUCCESS OPPORTUNITIES
Filing #	100071615
Filing Type	Nonprofit Corporation
Filed under Act	Dom Nonprofit Corp; 1147 of 1993
Status	Good Standing
Principal Address	6836 ISAAC'S ORCHARD RD SPRINGDALE, AR 72762
Reg. Agent	SYARD EVANS
Agent Address	6836 ISAAC'S ORCHARD ROAD SPRINGDALE, AR 72762
Date Filed	06/16/1988
Officers	SEE FILE, Incorporator/Organizer ANGIE BASSETT, Director

TERESA PRATT , Director  
ANITA SINGER , Director  
TRENTON SIEMENS , Director  
SYARD EVANS , CEO  
MONIQUE JONES , Director  
HOLLY FIELDS , Director  
LYNN CARVER , Director  
LUCAS FINCH , Director  
DANIAL MARINO , CFO

N/A

Foreign Name

Foreign Address

AR

State of Origin

[Submit a Nonprofit Annual Report](#)[Purchase a Certificate of Good  
Standing for this Entity](#)[Change this Corporation's Address](#)



Community and Employment Support Waiver License  
Arkansas Department of Human Services



This license is awarded to

ARKANSAS SUPPORT NETWORK, INC

09/01/2021-06/30/2022

Approved Services

SUPPORTIVE LIVING; RESPITE  
ADAPTIVE EQUIPMENT; ENVIRONMENTAL MODIFICATION  
COMMUNITY TRANSITION  
CONSULTATION  
SUPPLEMENTAL SUPPORT  
SPECIALIZED MEDICAL SUPPLIES  
SUPPORTED EMPLOYMENT

OHCDs

SUPPORTIVE LIVING; RESPITE  
ADAPTIVE EQUIPMENT; ENVIRONMENTAL MODIFICATION  
COMMUNITY TRANSITION  
CONSULTATION  
SUPPLEMENTAL SUPPORT  
SPECIALIZED MEDICAL SUPPLIES  
SUPPORTED EMPLOYMENT

REGINA DAVENPORT, ASSIST. DIRECTOR, DDS 09/23/2021-LD

Agency/ director/ designee, title  
FINAL

Date

