

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	New Orleans Teleport, Inc. d/b/a CALLS PLUS			
Address:	201 Travis Street			
City:	Lafayette	State:	LA	Zip Code: 70503
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 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 Firm is Non-Local SMWBE AR Certification #: _____ * See Minority and Women-Owned Business Policy			
PROSPECTIVE CONTRACTOR CONTACT INFORMATION				
<i>Provide contact information to be used for bid solicitation related matters.</i>				
Contact Person:	Laniya Sanchez	Title:	Vice President	
Phone:	337-704-0550	Alternate Phone:		
Email:	lsanchez@callsplus.net			
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> , Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, Prospective Contractor certifies that it will not employ or contract with illegal immigrants during the aggregate term of a contract.				
ISRAEL BOYCOTT RESTRICTION CONFIRMATION				
By checking the box below, Prospective Contractor agrees and certifies that it does 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 Prospective Contractor to a resultant contract must sign below.

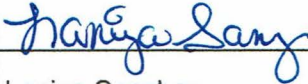
The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause Prospective Contractor's bid to be disqualified:

Authorized Signature: Laniya Sanchez **Title:** Vice President
Printed/Typed Name: Laniya Sanchez **Date:** May 29, 2024

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 signing below, Vendor agrees to and **shall** fully comply with all requirements as shown in the bid solicitation.

Vendor Name:	New Orleans Teleport, Inc. d/b/a CALLS PLUS	Date:	May 29, 2024
Signature:		Title:	Vice President
Printed Name:	Laniya Sanchez		

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
Not Applicable		

☒ PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

MINIMUM QUALIFICATIONS

- As outlined in Section 2.3 Minimum Qualifications in the solicitation document, please provide the number of operators available and the corresponding shift.

Shift	Number of Operators
Weekday - 7:00 a.m. to 2:00 p.m.	7
Weekday - 2:00 p.m. to 10:00 p.m.	8
Weekday - 10:00 p.m. to 7:00 a.m.	3

Weekend - 7:00 a.m. to 1:00 p.m.	6
Weekend - 1:00 p.m. to 10:00 p.m.	7
Weekend - 10:00 p.m. to 7:00 a.m.	3

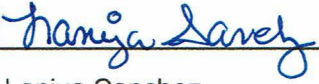
The above list of shift assignments represents our Social Service Unit staff availability. The unit is managed by our Wellness Coordinator, who holds a Master's Degree. Oversight, coaching, and clinical support is provided by our Safety and Social Service Project Leader who is a Licensed Clinical Social Worker.

We are staffed with skilled, multilingual Social Service Representatives 24-hours per day. These individuals hold degrees in criminal justice, social work, psychology, and related fields and/or military experience. To assist with call fluctuations, we also cross train our compliance and fraud reporting and law enforcement line call center agents to handle abuse/neglect allegations. During each shift of operations, there are two to five cross-trained agents who can assist the Social Service Representatives in handling calls.

Each shift of operations is led by at least one supervisor or team lead.

Since 2005, we have provided abuse and neglect reporting hotline services for the Massachusetts Disabled Persons Protection Commission. We have provided abuse and neglect hotline reporting services for the Delaware Division of Services for Aging and Adults with Physical Disabilities. Past clients include the Cook County Office of the Public Guardian and Louisiana Adult Protective Services.

By signing below, Vendor agrees to and **shall** fully comply with all requirements as shown in the bid solicitation.

Vendor Name:	New Orleans Teleport, Inc. d/b/a CALLS PLUS	Date:	May 29, 2024
Signature:		Title:	Vice President
Printed Name:	Laniya Sanchez		

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*)

1.04 EQUAL OPPORTUNITY EMPLOYMENT

It is the policy of CALLS PLUS to provide equal employment opportunities to all qualified individuals without regard to race, color, religion, national origin, age, gender, gender identity, marital status, sexual orientation, transgender status or disability. This policy of equal opportunity covers all aspects of the employment relationship, including application and initial employment, working conditions, promotion and transfer, selection for training opportunities, compensation, and the applications of service, retirement and employee benefit plan policies. CALLS PLUS recognizes that our continued growth and business success depends on the development and utilization of the full range of the Company's human resources and full utilization of all segments of the available workforce in which we operate our businesses.

CALLS PLUS is committed to complying with all Federal, State, and local laws providing Equal Employment Opportunities, as well as all laws related to terms and conditions of employment. Company policy prohibits sexual harassment and harassment based on pregnancy, childbirth or related medical conditions, race, religious creed, color, national origin or ancestry, sexual orientation, transgender status, physical or mental disability, marital status, age or any other status protected by Federal, State or local laws. We value and encourage diversity and are proud to employ men and women of all ethnic, cultural and racial groups, ranging in age from the teens to the eighties and older, who represent a broad spectrum of beliefs, languages and cultural origins. We encourage, rather than discourage, conversations between employees in languages other than English.

To comply with applicable laws ensuring equal employment opportunities to qualified individuals with a disability, CALLS PLUS will make reasonable accommodations for the known physical or mental limitations of an otherwise qualified individual with a disability, who is an applicant or an employee, unless undue hardship would result.

Any applicant or employee who requires an accommodation to perform the essential functions of the job should contact a Manager with day-to-day personnel responsibilities and request such an accommodation. The individual with the disability should specify what accommodation he or she needs to perform the job. The company will then investigate to identify the barriers which might make it difficult for the applicant or employee to have an equal opportunity to perform his or her job. CALLS PLUS will identify possible accommodations, if any, which will help eliminate the limitation. If the accommodation is reasonable and will not impose an undue hardship, the Company will make the accommodation.

Just as CALLS PLUS bears a responsibility towards this policy, each of us must clearly communicate our objection to, or offense taken to any perceived verbal or physical discrimination or harassment. We are all responsible for upholding this Equal Employment Opportunity policy and commitment. Equal Employment Opportunity laws afford each one of us the chance to succeed or fail based on individual merit.

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: May 21, 2024
SUBJECT: Telephone Answering Services (710-24-058)

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

ADDITIONAL SPECIFICATIONS

- Section 2.2 – add the following:
The Contractor will not be responsible for resolving caller concerns but will be responsible for documenting the information into the web-based link and transferring the information to Adult Protective Services.
- Section 2.4.B.3 - add the following:
 3. The Contractor **shall** be responsible for all equipment, supplies, and materials needed to provide telephone answering services.
 4. DHS will provide mandatory training on the script and the web-based link for data entry. Each operator must attend this mandatory training. Training, meetings, and discussions between DHS and Contractor will be virtual.
- Section 2.4.C.3 add the following:
 - The maximum wait or hold time for calls **must** be less than (2) two minutes.
 - The entire inbound or outbound call **must** be recorded. The recordings **must** be maintained for at least (5) five years.
 - The requirements of recording and storage for non-phone communications **must** be maintained for at least (5) five years.
- Section 2.5.H -add the following:
The Contractor **must** obtain the Alleged Victim's, Alleged Offender's and Reporter's information for call.

CHANGE OF SPECIFICATIONS

- Section 2.3.C - remove and replace with the following:
Contractor **must** have a minimum of three (3) operators available at all times. For verification purposes, Prospective Contractor **must** provide the number of operators available and the corresponding shift on page five (5) of the Response Packet. Vendor **shall** be responsible for determining the qualification of each employee.

- Section 2.4.C.8.a - remove and replace with the following:


Each month, DHS will sample up to 10% of calls for quality control purposes. A low error rate is defined as less than five percent of the sample is deemed as failed calls.

OTHER

- Official Bid Price Sheet: remove and replace with the Revised Official Bid Price Sheet.
- Response Packet: remove and replace with the Revised Response Packet.
- Call Logs A-F: add Call Logs A-F for informational purposes only.

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: Arnetia Dean, DHS.OP.Solicitations@dhs.arkansas.gov or via phone at 501-683-5969.



Vendor Signature Laniya Sanchez, Vice President

May 29, 2024

Date

New Orleans Teleport, Inc. d/b/a CALLS PLUS

Company

Contract Number IFB 710-24-058

Attachment Number A

Action Number

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: SUBCONTRACTOR NAME:

☐ Yes ☒ No

IS THIS FOR:

TAXPAYER ID NAME: New Orleans Teleport, Inc. d/b/a CALLS PLUS

Goods? ☐ Services? ☒ Both? ☐

YOUR LAST NAME: Sanchez

FIRST NAME Laniya

M.I.: C.

ADDRESS: 201 Travis Street

CITY: Lafayette

STATE: LA

ZIP CODE: 70503

COUNTRY: USA

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:**FOR INDIVIDUALS ***

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☐ None of the above applies**FOR AN ENTITY (BUSINESS) ***

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

☒ None of the above applies

Contract Number IFB 710-24-058

Attachment Number A

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:

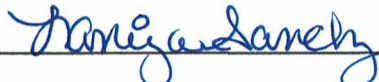
1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign 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 Vice President Date May 29, 2024

Vendor Contact Person Laniya Sanchez Title Vice President Phone No. (337) 704-0550

Agency use only

Agency Number 0710 Agency Name Department of Human Services Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____



R. Kyle Ardoin

SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

NEW ORLEANS TELEPORT, INC.

A corporation domiciled in LAFAYETTE, LOUISIANA,

Filed charter and qualified to do business in this State on September 22, 1987,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

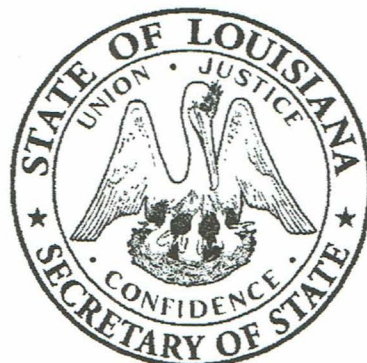
I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

November 3, 2023

Secretary of State

Web 34247672D



Certificate ID: 11803902#JUL73

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov