BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Cell STAFF, LLC				
Address:	1715 N. Westshore Blvd STE 525				
City:	Tampa	State:	FL	Zip Code:	33607
Business Designation:	☐ Individual ☐ Sole Proprietorship ☐ Public Service Corp ☒ Partnership ☐ Corporation ☐ Nonprofit				
Minority and Women-Owned Designation*:	☒ Not Applicable ☐ American Indian ☐ Service Disabled Veteran ☐ African American ☐ Hispanic American ☐ Women-Owned ☐ Asian American ☐ Pacific Islander American				
	AR Certification #: _____ * See *Minority and Women-Owned Business Policy*				

PROSPECTIVE CONTRACTOR CONTACT INFORMATION *Provide contact information to be used for bid solicitation related matters.*			
Contact Person:	Rami ISA	Title:	Managing Partner
Phone:	855 561 1715	Alternate Phone:	855 466 2803
Email:	Contracts@cellstaff.com		

CONFIRMATION OF REDACTED COPY

☐ YES, a redacted copy of submission documents is enclosed.

☒ NO, a redacted copy of submission documents is not enclosed. I understand a full copy of non-redacted submission documents will be released if requested.

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.

ILLEGAL IMMIGRANT CONFIRMATION

By signing and submitting a response to this *Bid Solicitation*, 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.

☒ 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: _____ **Title:** Managing Partner

Printed/Typed Name: Rami ISA **Date:** 7/25/24

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 the vendor's proposal to be disqualified.*

N/A

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

Vendor Name:	Cell STAFF, LLC	**Date:**	7/25/24
Signature:		**Title:**	Managing Partner
Printed Name:	Rami ISA		

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.**

DOCUMENTATION CHECKLIST

As outlined in section 2.3 Minimum Qualifications in the solicitation document, please provide the following:

- For Psychological Examiner – psychological examiners license by the Arkansas State Board of Examiners.
- For School Psychology Specialist –certification as a School Psychology Specialist by the Arkansas Department of Education.
- For Psychologist – psychology license by the Arkansas State Board of Psychology.
- 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) ✓

* Cell Staff, LLC will provide Candadite Credentials upon award

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

CELL STAFF, LLC

formed under the laws of the state of Florida, and authorized to transact business in the State of Arkansas as a Foreign Limited Liability Company, was granted a Registration of Foreign Limited Liability Company by this office July 15, 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 16th day of May 2024.

John Thurston
Secretary of State

Online Certificate Authorization Code: 41054a451899a81
To verify the Authorization Code, visit sos.arkansas.gov

Search Incorporations, Cooperatives, Banks and Insurance Companies

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	CELL STAFF, LLC
Fictitious Names	
Filing #	811057216
Filing Type	Foreign Limited Liability Company
Filed under Act	Foreign LLC; 1003 of 1993
Status	Good Standing
Principal Address	
Reg. Agent	NATIONAL REGISTERED AGENTS, INC. OF AR
Agent Address	124 W. CAPITOL AVE, SUITE 1900 LITTLE ROCK, AR 72201
Date Filed	07/15/2014
Officers	DANIEL GUTIERREZ , Incorporator/Organizer
Foreign Name	N/A
Foreign Address	1715 N. WESTSHORE BLVD, SUITE 410 TAMPA, FL 33607
State of Origin	FL

Purchase a Certificate of Good Standing for this Entity

Pay Franchise Tax for this corporation

OFFICIAL BID PRICE SHEET

710-25-004 Psychological Services/CHDC

All costs **must** be included in the unit price. Costs not included in the unit price below are not billable under a contract established from this solicitation. Bidder must submit a printed copy of the completed official bid price sheet with bid submission.

Quantities are estimated for bidding purposes only. Quantities may increase or decrease.

ITEM	DESCRIPTION	ESTIMATED QUANTITY *(Annual Hours)*	UNIT PRICE *(Hourly Rate)*	ANNUAL AMOUNT *(Annual Hrs x Unit Price)*
1	Psychological Examiner	2,080	$125.00	$260,000.00
2	School Psychology Specialist	2,080	$125.00	$260,000.00
3	Psychologist	2,080	$175.00	$364,000.00

AUTHORIZED SIGNATURE:

By my signature below, I certify that the I am authorized by the respondent to submit this bid on his/her behalf.

Vendor Name: Cell STAFF, LLC

Signature: [signature]

Printed Name: Rami Isa

Date: 7/25/24

Title: Managing Partner

Arkansas Psychology Board

(501) 682-6167

[redacted]

8611 AJ Patton Road
Cabot, AR 72023

LICENSE #: [redacted] | TYPE: Psychologist | STATUS: ACTIVE

ADDITIONAL INFO

License Issued - 1/15/2010
License Expires - 6/30/2025
Good Standing - Yes
Sanctions - N
Verification Check - https://www.ark.org/psych_lic_ver/index.php

Arkansas Psychology Board

(501) 682-6167

[redacted]

3220 Athens Drive
Conway, AR 72034

LICENSE #: [redacted] TYPE: Psychological Examiner - Independent | STATUS: ACTIVE

ADDITIONAL INFO

License Issued - 1/16/2009
License Expires - 6/30/2025
Good Standing - Yes
Sanctions - N
Verification Check - https://www.ark.org/psych_lic_ver/index.php

Arkansas Psychology Board

(501) 682-6167

[redacted]

P.O. Box 4808
Fayetteville, AR 72702

LICENSE #: [redacted] | TYPE: Psychologist | STATUS: ACTIVE

ADDITIONAL INFO
License Issued - 1/20/2006
License Expires - 6/30/2025
Good Standing - Yes
Sanctions - N
Verification Check - https://www.ark.org/psych_lic_ver/index.php

SECTION 2.2: EQUAL EMPLOYMENT OPPORTUNITY

A. Discrimination

Cell staff is an equal opportunity employer. We conduct our business without regard to race, color, religion, gender, sexual orientation, national origin, age, marital status, gender identity, disability, veteran status or any other category protected under applicable law. This policy applies to all employment decisions Cell Staff makes, including, but not limited to hiring, placement, training, compensation, transfer, promotion, discipline and termination.

B. Implementation

All employees are responsible for ensuring that this equal employment opportunity policy is implemented in all employment-related decision, and to immediately report any observed or information about any violation or potential violation of this Section as provide in 2.2(C) below.

C. Claims

If, at any time, you believe you have been subjected to discrimination, you should immediately report it to your Recruiter, or directly to CorporateHR@CellStaff.com.

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: ☐ Yes ☑ No SUBCONTRACTOR NAME:

TAXPAYER ID NAME: CELL STAFF, LLC

IS THIS FOR: Goods? ☐ Services? ☑ Both? ☐

YOUR LAST NAME: ISA FIRST NAME RAMI M.I.:

ADDRESS: 1715 N. WESTSHORE BLVD STE 525

CITY: TAMPA STATE: FL ZIP CODE: 33607 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 _____

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 MANAGING PARTNER Date 7-25-24

Vendor Contact Person RAMI ISA Title MANAGING PARTNER Phone No. (855) 466-2803

Agency use only

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