# Compunnel Staffing

**Response to Invitation for Bid Bid Number: 710-22-0026** STATE OF ARKANSAS Department of Human Services

## **Temporary Staffing for Clerical Positions**

Due: Thursday, March 31, 2022 @ 11:00 am CT

#### Submitted to

#### State of Arkansas Department of Human Services Office of Procurement

700 Main Street Little Rock, Arkansas 72201

### Submitted by:

Compunnel Inc. 112 SW 7th Street Suite 3C Topeka Kansas 66603 Phone: 609-606-9010 | Fax: 609-750-0981 E-Mail: Govt@compunnel.com



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66603

## **Bid Signature Page**

#### BID SIGNATURE PAGE

Type or Print the following information. PROSPECTIVE CONTRACTOR'S INFORMATION Company: Compunnel Software Group, Inc. Address: 112 SW 7th Street Suite 3C State: Kansas Zip Code: City: Topeka Public Service Corp Sole Proprietorship Business Individual Designation: Partnership Corporation Nonprofit X Not Applicable American Indian Service Disabled Veteran Minority and Hispanic American □ Women-Owned African American Women-Owned Designation\*: Pacific Islander American Asian 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: Title: Program Manager- Staffing **Ashish Yadav** 609-606-9010 Alternate Phone: Phone: Govt@compunnel.com Email:

#### CONFIRMATION OF REDACTED COPY

YES, a redacted copy of submission documents is enclosed.

INO, 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 disgualified:

Authorized Signature:	<u> </u>	Title: Program Manager- Staffing
Printed/Typed Name: Ashish Y	adav	Date: 03/25/2022
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Compunnel, Inc. 112 SW7th Street Suite 3CTopeka Kansas 66603 Phone: 609-606-9010 | Fax: 609-750-0981 | E-Mail: Govt@compunnel.com





## Vendor Agreement and Compliance

#### SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are <u>NON-mandatory</u> 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 the bid solicitation.

Vendor Name:	Compunnel Software Group, Inc.	Date:	03/25/2022
Signature:	AG	Title:	Program Manager-Staffing
Printed Name:	Ashish Yadav		

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#### Proposed Subcontractors Form

#### 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

Street Address	City, State, ZIP
	Street Address

#### ☑ PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

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Compunnel, Inc. 112 SW7th Street Suite 3CTopeka Kansas 66603 Phone: 609-606-9010 | Fax: 609-750-0981 | E-Mail: Govt@compunnel.com





## Attachment A – EO 98-08 Disclosure Form

Attachment Number CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM Palure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkanass State Agency. SUBCONTRACTOR NAME:						
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 Arkanasa State Agency.         SUBCONTRACTOR       SUBCONTRACTOR NAME:         SUBCONTRACTOR       SETHIS FOR:         Construction       STHIS FOR:         FARX PARE TO NAME:       S82137105         SOUR LAST NAME:       S82137105         Construction:       ML:         ADDRESS:       112 SW 7th Street Suite 3C         Citry: Topeka       STATE:       Kansas         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:         Difficite below ff: 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 Engloyee:       Position Held       Mark (v)       Name of Position of Job Held       From To No I V Long?       What is the person(s) name and how are they related to you?       [beard' commission, data entry, etc.]       From To No I V Construction       Relation         General Assembly       Constitutional Officer       Constitutional Consission						
SUBCONTRACTOR NAME: SUBCONTRACTOR NAME:						
Yes       No       Is THIS FOR:         TAXPAYER ID NAME:       582137105       Goods?       Services?       Both?         YOUR LAST NAME:       FIRST NAME       Compunnel Software Group, Inc.       M.I.       M.I.         ADDRESS:       112 SW 7th Street Suite 3C       COUNTRY: U.S       ASA 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 IN DIVIDUALS*         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         Position Held       Mark (v)       Name of Position of Job Held       For How Long?       What is the person(s) name and how are they related to you?         General Assembly       General Assembly       Relation       State Engloyee       State Board or Commission         Gate Employee       State Engloyee       State Engloyee       State Engloyee       State Engloyee       State Engloyee         None of the above applies       None of the above applies       State Engloyee       State Sort						
IS THIS FOR: TAXPAYER ID NAME: 582137105 Goods? Bervices? Both? YOUR LAST NAME: 582137105 Goods? Services? Both? ADDRESS: 112 SW 7th Street Suite 3C CITY: Topeka STATE: Kansas ZIP CODE: 66603 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 (v) Name of Position of Job Held [Senator, representative, name of board commission, data entry, etc.] From To Port House, source, source, and the preson(s) name and how are they related to you? General Assembly Relation of Current Former is board commission, data entry, etc.] State Board or Commission Addition of Commission data entry, etc.] State Board or Commission Addition of Commission Addit						
YOUR LAST NAME:       FIRST NAME       Compunnel Software Group, Inc.       M.I.:         ADDRESS:       112 SW 7th Street Suite 3C       COUNTRY: U.S         CITY: Topeka       STATE:       Kansas       ZIP CODE:       66603       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:       FO R I N D I V I D U A L S *         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:       Mark (v)       Name of Position of Job Held Isenator, representative, name of board/ commission, data entry, etc.]       For How Long?       What is the person(s) name and how are they related to you?         General Assembly       Image: Constitutional Officer       Image: Constitutional Officer       Relation         General Assembly       Image: Constitutional Officer       Image: Constitutional Officer       Image: Constitutional Officer       Image: Constitutional Officer         State Board or Commission       Image: Constitutional Officer       Image: Constitutional Officer       Image: Constitutional Officer       Image: Constitutional Officer         State Board or Commission       Image: Constitutional Officer       Image: Constitutional Officer       Image: Consti						
ADDRESS: 112 SW 7th Street Suite 3C CITY: Topeka STATE: Kansas ZIP CODE: 66603 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 <i>is</i> a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee: Mark (v) Current Former Mark (v) General Assembly General Assembl						
Cirry: Topeka       STATE:       Kansas       ZIP CODE:       66603       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:         OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:         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:       Mark (v)       Name of Position of Job Held       For How Long?       What is the person(s) name and how are they related to you?         Position Held       Mark (vi)       Name of Position of Job Held       For How Long?       What is the person(s) name and how are they related to you?         General Assembly       Image: Courrent Former       To       To       MM/YY       Person's Name(s)       Relation         Constitutional Officer       Image: Courrent Former						
AS A CONTRACT. LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED: P O R 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 (v) Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.] General Assembly						
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:       Mark (v)       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.]       From To         General Assembly       Image: Constitutional Officer         State Board or Commission       Image: Constitutional Officer       Image: Constitutional Officer       Image: Constitutional Officer       Image: Constitutional Officer         State Board or Commission       Image: Constitutional Officer       Image: Constitutional Officer       Image: Constitutional Officer       Image: Constitutional Officer         State Board or Commission       Image: Constitutional Officer       Image: Constitutional Officer       Image: Constitutional Officer       Image: Constitutional Officer         Member       Image: Constitutional Officer       Image: Constitutional Officer       Image: Constitententer       Image: Constitutional O						
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         Position Held       Mark (v)       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? [.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]         General Assembly						
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          Position Held       Mark (v)       Name of Position of Job Held       For How Long?       What is the person(s) name and how are they related to you?         General Assembly       Image: Commission of Job Held       For How Long?       What is the person(s) name and how are they related to you?         General Assembly       Image: Commission of Job Held       For How Long?       What is the person(s) name and how are they related to you?         Constitutional Officer       Image: Commission of Job Held       For How Long?       What is the person(s) name and how are they related to you?         State Board or Commission       Image: Commission of Job Held       For How Long?       Image: Commission of Job Held       For How Long?         State Board or Commission       Image: Commission of Job Held       Image: Commission of Job Held       For How Long?       Image: Commission of Job Held       For How Long?         State Board or Commission       Image: Commission of Commission of Job Held       Image: Commission of Job Held       Image: Commission of Job Held       Image: Commission of Job Held       For How Long?         Member       Image: Commission of C						
Member, or State Employee:       Mark (v)       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.]         General Assembly						
Mark (v)     Name of Position of Job Held [senator, representative, name of bard/ commission, data entry, etc.]     For How Long?     What is the person(s) name and how are they related to you? [.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]       General Assembly						
Position Held         Name of rossubin of Job Held [senator, representative, name of baard/commission, data entry, etc.]         From To MM/YY         Person's Name(s)         Relation           General Assembly						
Current     Former     Device determination, during integration     MM/YY     MM/YY     Person's Name(s)     Relation       General Assembly   <						
Constitutional Officer						
State Board or Commission     Image: Commission     Image: Commission       Member     Image: Commission     Image: Commission       State Employee     Image: Commission     Image: Commission       None of the above applies     Image: Commission						
Member         Image: Constraint of the above applies						
State Employee     Image: Control 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.						
Mark (v) Name of Position of Job Held For How Long? What is the person(s) name and what is his/her % of ownership interest and/or						
Position Held [senator, representative, name of Current Former beard/commission, data entry, etc.] From To MM/YY MM/YY Person's Name(s) [Interest (%) Control						
General Assembly						
Constitutional Officer						
State Board or Commission						
State Employee						

DHS Revision 11/05/2014



	Eid Number: 710-22-0026
Temporary	/ Staffing for Clerical Positions

Contract Number \_\_\_\_\_

Action Number

Compunnel Staffing

**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:

- 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.

 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_Program Manager-Staffing	Date_03/25/2022			
Vendor Contact PersonAshish Yadav	Title_Program Manager-Staffing	Phone No. (609) 606-9010			
Agency use only Agency Agency Number 0710 Name Department of Human Services	Agency Contact Contact Person Phone No.	Contract or Grant No			

DHS Revision 11/05/2014





## **Copy of Equal Opportunity Policy**

Compunnel is committed to providing equal employment opportunity to all applicants and employees regardless of their race, creed, color, religion, gender, age, national origin, disability, military service, protected veteran status, genetic information, sexual orientation, gender identity or any other characteristic protected by federal, state or local law. We are strongly committed to this policy and believe in the concept and spirit of the law. Compunnel is further committed to ensuring that employment decisions are based on valid job requirements. In addition, all employment actions, such as recruiting, hiring, training, promotion, compensation, benefits, transfers, layoffs and termination are administered fairly to all persons on an equal opportunity basis, without discrimination on the basis of protected categories named above.

Compunnel will not tolerate any employee or applicant to engage or be subjected to harassment, intimidation, threats, coercion, or retaliation. Reports of these activities will be filed as a formal complaint and the situation will result in a review, investigation or hearing, as related to any federal, state or local law requiring equal employment opportunity; or because they opposed any act deemed unlawful.

We have considered multiple factors to establish procedures to create a culture that's equitable and supportive, and free from discrimination and workplace harassment for every employee. Our established procedures focuses on **five (5) elements of diversity** areas that brings diverse viewpoints and perspectives to the company, helping us deliver finest services to our customers.



5 Major elements of our diversity programs

#### Compunnel Diversity, Equity, and Inclusion strategies

Some of the key diversity and inclusion strategies of Compunnel diversity and Inclusion framework include the following:

- Creating a focus and strategy at the CEO/COO/CHRO level
- Assigning a top executive, the responsibility for leading the diversity and inclusion program
- Creating behavioral standards and holding leaders accountable for results
- Training people at all levels on topics like unconscious bias
- Integrating diversity and inclusion strategies in recruitment, performance management, leadership assessment, and training
- Creating employee networks (e.g, employee resource groups, community outreach groups)
- Accepting and honoring multiple religious and cultural practices
- Strengthening anti-discriminatory policies
- Reporting goals and measuring progress
- Creating an externally visible scorecard to measure progress including metrics for
- recruiting, promotion rates, compensation levels, turnover, and supplier diversity

#### Compunnel, Inc.

112 SW7th Street Suite 3CTopeka Kansas 66603 Phone: 609-606-9010 | Fax: 609-750-0981 | E-Mail: Govt@compunnel.com





## Signed addenda to this IFB, if applicable

Not Applicable



## **Registration from the Arkansas Secretary of State's Office**

The Contractor must be registered to do business in the State of Arkansas. For verification purposes, Contractor must submit official documentation of their active registration from the Arkansas Secretary of State's Office.

Compunnel agrees to provide the Arkansas Registration Certificate after the award.





#### **Certificate of Good Standing**

The Contractor must be a staffing agency in operation for at least three (3) years. For verification purposes, bidder must provide a Certificate of Good Standing with bid submission.

#### STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

COMPUNNEL SOFTWARE GROUP, INC. 0100619214

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Georgia Foreign For-Profit Corporation was registered by this office on March 09, 1995.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

RAKESH SHAH 103 MORGAN LANE SUITE # 102 PLAINSBORO, NJ 08536



Certificate Number : 6129043417

Verify this certificate online at

https://www.f.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 1st day of March, 2022

day of Men-

Elizabeth Maher Muoio State Treasurer

Compunnel, Inc. 112 SW7th Street Suite 3CTopeka Kansas 66603 Phone: 609-606-9010 | Fax: 609-750-0981 | E-Mail: Govt@compunnel.com







## **Reference for current accounts**

The Contractor must have at least two (2) current accounts, either commercial or government, providing staffing services. For verification purposes, bidder must provide a reference for these accounts with bid submission including the following information: organization name, address, contact person name, email address, and phone numbers.

Reference 1 Organization name: PepsiCo Address: 1001 S 52nd St. Rogers, AR 72758 Contact person name: Victoria Lehman Email: Victoria.Lehman.Contractor@pepsico.com Telephone number: 214-789-7985

Reference 2 Organization name: Coca- Cola Address: 7000 Interstate 30 Little Rock, AR, 72209 Contact person name: Tammy Impson Email: CCBSSFlex@tapfin.com Telephone number: 719-948-2682

Reference 3 Organization name: Beckman Coulter Address: 5350 Lakeview Parkway S Drive, Indianapolis, IN 46268 Contact person name: Kristin Camberg Email: kcamberg@beckman.com Telephone number: 714-961-3858



# Compunnel Staffing

**Response to Invitation for Bid Bid Number: 710-22-0026** STATE OF ARKANSAS Department of Human Services

## **Temporary Staffing for Clerical Positions**

Due: Thursday, March 31, 2022 @ 11:00 am CT

#### Submitted to

#### State of Arkansas Department of Human Services Office of Procurement

700 Main Street Little Rock, Arkansas 72201

### Submitted by:

Compunnel Inc. 112 SW 7th Street Suite 3C Topeka Kansas 66603 Phone: 609-606-9010 | Fax: 609-750-0981 E-Mail: Govt@compunnel.com



## **Table of Contents**

Bid Price Sheet
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## **Official Bid Price Sheet**

#### OFFICIAL BID PRICE SHEET

- · All costs must be included in the hourly rate. The price per hour is a set price for all hours approved under contract.
- Quantities are estimated for bidding purposes only.
- The State may increase or decrease the number of positions as needed.

ITEM	DESCRIPTION	ESTIMATED ANNUAL HOURS PER POSITION	ESTIMATED NUMBER OF POSITIONS	PRICE PER HOUR	ANNUAL AMOUNT (Estimated annual hours x estimated number of positions)
1.	Temporary Clerical Positions	2,080	75	\$ 22	\$ 1,650

 Please select the area(s) the prospective contractor has the capacity to provide services. Bidders may select multiple areas:

1.00		DIVISION OF COUNTY OPERATIONS			
AREA I X	AREA II X	AREA III X	AREA IV X	AREA V X	AREA VI X
Baxter	Clay	Cleburne	Calhoun	Arkansas	Pulaski East
Benton	Craighead	Conway	Clark	Ashley	Pulaski Jacksonville
Boone	Crittenden	Faulkner	Columbia	Bradley	Pulaski North
Carroll	Cross	Johnson	Dallas	Chicot	Pulaski South
Crawford	Fulton	Lonoke	Garland	Cleveland	Pulaski Southwest
Franklin	Greene	Perry	Hempstead	Desha	Central Office
Logan	Independence	Роре	Hot Springs	Drew	
Madison	Izard	Prairie	Howard	Grant	
Marion	Jackson	Stone	Lafayette	Jefferson	
Newton	Lawrence	Van Buren	Little River	Lee	
Polk	Mississippi	White	Miller	Lincoln	
Scott	Poinsett	Woodruff	Montgomery	Monroe	
Searcy	Randolph	Yell	Nevada	Phillips	
Sebastian	Sharp		Ouachita	St Francis	
Washington			Pike		
			Saline		
			Sevier		
			Union		

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