

***REVISED - BID RESPONSE PACKET***  
***710-24-058***

# BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	ContactWorks, LLC			
Address:	6602 Lakewood Point Cove			
City:	Austin	State:	Texas	Zip Code: 78750
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 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				
PROSPECTIVE CONTRACTOR CONTACT INFORMATION				
Provide contact information to be used for bid solicitation related matters.				
Contact Person:	Thomas Sultenfuss	Title:	President	
Phone:	512-663-4576	Alternate Phone:		
Email:	tsultenfuss@contactworks.us			
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:

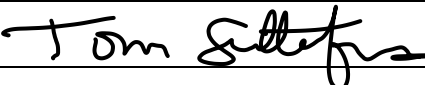
Authorized Signature: Thomas Sultenfuss Title: President  
 Printed/Typed Name: Thomas Sultenfuss Date: May 28, 2024

## 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.

NO EXCEPTIONS

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

<b>Vendor Name:</b>	ContactWorks, LLC	<b>Date:</b>	May 28, 2024
<b>Signature:</b>		<b>Title:</b>	President
<b>Printed Name:</b>	Thomas Sultenfuss		

## 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
Communication Service for the Deaf	2028 E Ben White Blvd, #240-5250	Austin, Texas 78741

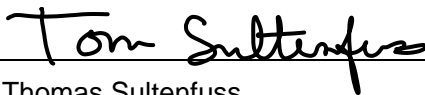
☐ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

## 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
Day Shift 1 - (M - F) [7a - 4p]	1
Day Shift 2 - (M - F) [8a - 5p]	2
Day Shift 3 - (M - F) [9a - 6p]	1
Day Shift 4 - (M - F) [10a - 7p]	1
Evening Shift 1 - (M-F) [12p - 9p]	1
Evening Shift 2 - (M-F) [5p - 10p]	2
Overnight Weekday - (M - Thur) [ 9p - 8a]	3
Weekend Day Shift 1 - (Sat & Sun) [8a - 5p]	1
Weekend Day Shift 2 - (Sat & Sun) [8a - 9p]	1
Weekend Day Shift 3 - (Sat & Sun) [10a - 11p]	1
Weekend Afternoon Shift 1 - (Sat & Sun) [5p - 9p]	1
Weekend Overnight Shift 1 - (Fri - Sun) [9p - 8a]	2
Overnight Weekend Shift 2 - (Fri - Sun) [11p - 10a]	1

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

<b>Vendor Name:</b>	ContactWorks, LLC	<b>Date:</b>	May 27, 2024
<b>Signature:</b>		<b>Title:</b>	President
<b>Printed Name:</b>	Thomas Sultenfuss		

# 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*)

## 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: ContactWorks, LLC

Goods? Services? Both?

YOUR LAST NAME: Sultenfuss

FIRST NAME Thomas

M.I.: G

ADDRESS: 6602 Lakewood Point Cove

CITY: Austin

STATE: TX

ZIP CODE: --- 78750

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:**

### F O 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:

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

### F O R A N E N T I T Y ( B U S I N E S S ) \*

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 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 Tom Sultenfuss Title President Date May 28, 2024

Vendor Contact Person Thomas Sultenfuss Title President Phone No. 512-663-4576

Agency use only

Agency Number \_\_\_\_\_ Agency Name \_\_\_\_\_ Agency Contact Person \_\_\_\_\_ Contact Phone No. \_\_\_\_\_ Contract or Grant No. \_\_\_\_\_



***Attachment I***  
***Client History Form***  
**Telephone Answering Services**  
**IFB # 710-24-058**

# Attachment I

## Telephone Answering Services

*Instructions:* This form is intended to help the State gain a more complete understanding of each Respondent's Telephone Answering Services' experience. This form **must** be complete and accurate.

The State reserves the right to verify the accuracy of these answers by contacting any of the listed clients, and all applicable clients **must** be listed. Omission of a client will constitute a failure to complete this form.

For purposes of this form, the "client" is not an individual but the entity which held the contract. By way of explanation, in the Contract resulting from this IFB, Arkansas's DHS will be the client. For each listed client, Respondents may (but are not required to) provide the contact information for a person at the client entity who is knowledgeable of the named project. The State reserves the right to contact the listed individual or another person at the listed client.

The boxes below each prompt will expand if necessary. The form **must** be signed (please see the final page) by the same signatory who signed the *Proposal Signature Page*.

1. Please list at least two (2) clients where you (the prime contractor only) **served as the prime contractor** for operating as a telephone answering services vendor. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract, duration of services provided, location, and client contact information. If there are no contracts which meet this definition, please state "none."

SEE NEXT PAGE

## **ContactWorks References**

### **TengoInternet**

Their business: internet services via WiFi for the hospitality industry.

Services provided: 24x7 customer service and technical support.

Period of performance: 2010 to present.

Channels: calls, email

Location: Austin, TX

Key contact: Paul Cano (210) 441-2963

### **Audi on Demand**

Their business: Audi car rental by Audi of America.

Services provided: Customer service.

Period of performance: May 2016 to present.

Channels: Calls, chat, email, text, social media.

Location: Austin, TX

Key contact: Peter Benavides, Sr. Support Manager (855)777-4785

### **CTS Mobility**

Their business: Communication products for business.

Services provided: Various support projects over a 15-year relationship.

- Customer service
- Dispatching / logistics
- Technical support

Period of performance: 2008 to present.

Channels: calls, email, chat

Location: Austin, TX

Key contact: Dan Hurd (512)657-2894

Authorized Signature: Tom Sultenfuss  
*Use Ink Only.*

Printed/Typed Name: Thomas Sultenfuss

Title: President

Date: May 28, 2024

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)

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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:

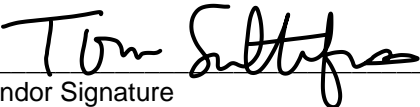
Each month, DHS will sample up to 10% of calls for quality control purposes. A low error rate is defined as less than five percent of the sample is deemed as failed calls.

#### 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

May 28, 2024

Date

ContactWorks, LLC

Company

## Equal Employment Opportunity Policy

ContactWorks is an equal opportunity employer and makes employment decisions on the basis of merit. We want to have the best available people in every job. Company policy prohibits discrimination based on race, color, creed, gender, religion, marital status, registered domestic partner status, age, national origin or ancestry, physical or mental disability, medical condition, sexual orientation, or any other consideration prohibited by federal, state or local laws. It also prohibits discrimination based on the perception that anyone has any of those characteristics or is associated with a person who has or is perceived as having any of those characteristics. All such discrimination is prohibited.

ContactWorks is committed to compliance with all applicable laws providing equal employment opportunities. This commitment applies to all persons involved in company operations and prohibits discrimination by any employee of ContactWorks including managers and coworkers.