

BID RESPONSE PACKET
710-24-0014


BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Dana's House, Inc.				
Address:	108 South Jefferson				
City:	DeWitt	State:	AR	Zip Code:	72042
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 <i>Minority and Women-Owned Business Policy</i>					
PROSPECTIVE CONTRACTOR CONTACT INFORMATION					
<i>Provide contact information to be used for bid solicitation related matters.</i>					
Contact Person:	Elizabeth Skinner	Title:	Ex. Director		
Phone:	870-946-8303	Alternate Phone:			
Email:	eskinner@danashouse.org				
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> , 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. <input checked="" type="checkbox"/> 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: Executive Director
 Printed/Typed Name: M. Elizabeth Skinner Date: 12.19.23

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.

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

Vendor Name:	Dana's House, Inc.	Date:	12.19.23
Signature:		Title:	Executive Director
Printed Name:	Elizabeth Skinner		

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.**

COUNTIES/SERVICE TYPE

Instructions: Select each county in which services can be provided by the Prospective Contractor. Refer to Attachment I for State Map of Counties.

Arkansas	<input checked="" type="checkbox"/>
Ashley	<input type="checkbox"/>
Baxter	<input type="checkbox"/>
Benton	<input type="checkbox"/>
Boone	<input type="checkbox"/>
Bradley	<input type="checkbox"/>
Calhoun	<input type="checkbox"/>
Carroll	<input type="checkbox"/>
Chicot	<input type="checkbox"/>
Clark	<input type="checkbox"/>
Clay	<input type="checkbox"/>
Cleburne	<input type="checkbox"/>
Cleveland	<input type="checkbox"/>
Columbia	<input type="checkbox"/>
Conway	<input type="checkbox"/>
Craighead	<input type="checkbox"/>
Crawford	<input type="checkbox"/>
Crittenden	<input type="checkbox"/>
Cross	<input type="checkbox"/>
Dallas	<input type="checkbox"/>
Desha	<input type="checkbox"/>
Drew	<input type="checkbox"/>
Faulkner	<input type="checkbox"/>
Franklin	<input type="checkbox"/>
Fulton	<input type="checkbox"/>

Garland	<input type="checkbox"/>
Grant	<input type="checkbox"/>
Greene	<input type="checkbox"/>
Hempstead	<input type="checkbox"/>
Hot Spring	<input type="checkbox"/>
Howard	<input type="checkbox"/>
Independence	<input type="checkbox"/>
Izard	<input type="checkbox"/>
Jackson	<input type="checkbox"/>
Jefferson	<input type="checkbox"/>
Johnson	<input type="checkbox"/>
Lafayette	<input type="checkbox"/>
Lawrence	<input type="checkbox"/>
Lee	<input type="checkbox"/>
Lincoln	<input type="checkbox"/>
Little River	<input type="checkbox"/>
Logan	<input type="checkbox"/>
Lonoke	<input type="checkbox"/>
Madison	<input type="checkbox"/>
Marion	<input type="checkbox"/>
Miller	<input type="checkbox"/>
Mississippi	<input type="checkbox"/>
Monroe	<input type="checkbox"/>
Montgomery	<input type="checkbox"/>
Nevada	<input type="checkbox"/>

Newton	<input type="checkbox"/>
Ouachita	<input type="checkbox"/>
Perry	<input type="checkbox"/>
Phillips	<input type="checkbox"/>
Pike	<input type="checkbox"/>
Poinsett	<input type="checkbox"/>
Polk	<input type="checkbox"/>
Pope	<input type="checkbox"/>
Prairie	<input type="checkbox"/>
Pulaski	<input type="checkbox"/>
Randolph	<input type="checkbox"/>
Saline	<input type="checkbox"/>
Scott	<input type="checkbox"/>
Searcy	<input type="checkbox"/>
Sebastian	<input type="checkbox"/>
Sevier	<input type="checkbox"/>
Sharp	<input type="checkbox"/>
St. Francis	<input type="checkbox"/>
Stone	<input type="checkbox"/>
Union	<input type="checkbox"/>
Van Buren	<input type="checkbox"/>
Washington	<input type="checkbox"/>
White	<input type="checkbox"/>
Woodruff	<input type="checkbox"/>
Yell	<input type="checkbox"/>

All counties (Statewide)	<input checked="" type="checkbox"/>
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Instructions: Select each type of counseling service that can be provided by the Prospective Contractor.

Individual	<input checked="" type="checkbox"/>
Family	<input checked="" type="checkbox"/>
Group	<input checked="" type="checkbox"/>
Medication Management	<input type="checkbox"/>

Performance and History Form

Instructions: DHS requests that Prospective Contractors disclose historical information intended to help DHS gain a full understanding of Prospective Contractor's history. This form **must** be accurately completed and signed by the same signatory who signed the Signature Page (Refer to page 2). Failure to disclose information may be grounds for disqualification of the Prospective Contractor's bid.

- Do not include additional information if not pertinent to the request.

DHS reserves the right to verify the accuracy of responses by contacting any of the listed clients; therefore, all applicable clients **must** be listed. For purposes of this form, the "client" is not an individual, but the entity which held the contract. For each listed client, Prospective Contractor **must** include the client entity's name, address, and phone number. Additionally, Prospective Contractors are encouraged to provide an individual's contact information for a person at the client entity who is knowledgeable of the named project. If DHS contacts the clients listed, DHS reserves the right to either contact the listed individual and/or another person at the client entity. Omission of a relevant client will constitute a failure of form completion.

If there are no contracts which meet the definition, Respondent **must** state "none."

1. Provide the total number of therapists/clinicians available and describe your capacity to provide services in each county selected.

The total number of therapists-clinicians available is one with another one pending (will complete MSW 03-06-2024).

Therapist/Clinician : Megan McLain
598 McLain Road
DeWitt, AR 72042
870-830-4646

Pending Therapist/Clinicain : Tammy Pfaffenberger
1088 Hwy 130 West
DeWitt, AR 72042
870-946-3338

2. Has the Prospective Contractor had therapist/clinicians on probation with the State Licensing Board?

☐ Yes ☒ No

If yes, include the number and reason(s) for the probation.

3. Has the Prospective Contractor received formal negative contract actions pertaining to contracted services from a party to which the Prospective Contractor's services were provided within the last three (3) years? A formal negative contract action is considered as any formal communication to Prospective Contractor from the state/entity receiving services that identifies failure(s) to satisfy performance obligations in the contract in a manner that represents significant non-performance or a material deviation from contractual obligations. A formal negative contract action is considered a corrective action plan, a below standard vendor performance report, or these equivalents in the State of Arkansas.
- ☐ Yes ☒ No

If yes, include the number of formal negative contract actions in the space provided below. Provide the contact information for a person with the contracted party who is knowledgeable of the contractual obligations.

Authorized Signature: M. Elizabeth Skinner Title: Exec. Dir.

Printed/Typed Name: M. Elizabeth Skinner Date: 12.19.23

DOCUMENTATION CHECKLIST

As outlined in section 2.2 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
- Copy of licensure or proof of supervision for each service provider
- Copy of certification of enrollment as a behavioral health service provider (for each service provider) in the Arkansas Medicaid Program
- 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 Contract and Grant Disclosure Form (Attachment A)
- Certification for Boycott and Illegal Immigrant Restrictions (Attachment H)



OFFICE OF THE ARKANSAS SECRETARY OF STATE

November 6, 2023

Danas House, Inc.
Danas House, Inc.
P.O. Box 138
De Witt, AR 72042

Re: Letter of Good Standing for Dana's House, Inc.

Dear Danas House, Inc.,

This letter is to confirm that Dana's House, Inc. Charitable Registration is in good standing with the Secretary of State Office. The charity's Annual Financial Report is due on or before 6/30/2024 .

Please contact a Charities Registration Specialist in our office at (501) 683-0094 or charities@sos.arkansas.gov, if you have any questions.

Sincerely,

Charities Division

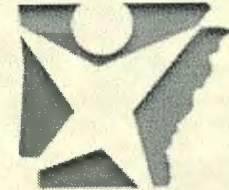
Arkansas Secretary of State

THE ARKANSAS CHILD WELFARE AGENCY REVIEW BOARD

In cooperation with



The Arkansas Department of Human Services'
Division of Child Care and Early Childhood Education



Certifies that

Dana's House, Inc.
Owner

Dana's House
Agency

303 WEST CROSS STREET
DEWITT, AR 72042

Is hereby issued Residential license #: 171

FOR THE PURPOSE OF OPERATING, IN THE STATE OF ARKANSAS, THE FOLLOWING:

Emergency Residential Child Care Facility FOR CHILDREN AGES 0 TO 18

Residential Child Care Facility FOR 30 CHILDREN AGES 5 TO 18

THIS IS A REGULAR LICENSE WITH AN EFFECTIVE DATE OF 03/28/2006 AND WILL REMAIN IN EFFECT UNLESS
THERE IS A STATUS CHANGE.

In Witness whereof



Chairman, Child Welfare Agency Review Board

Effective: 03/28/2006



Document Number:	DH-2015-007
Document Name:	Equal Opportunity Employment Policy
Effective Date:	January 1, 2015
Document Status:	Board Approved

Policy or Procedure

1. Dana's House, Inc. is an equal opportunity employer. No person is unlawfully excluded from consideration for employment because of race, color, religious creed, national origin, ancestry, sex, age, veteran status, marital status or physical challenges.
2. The policy applies not only to recruitment and hiring practices, but also includes affirmative action in the area of placement, promotion, transfer, rate of pay and termination.
3. Executive, management and supervisory levels have the responsibility to further the implementation of this policy and ensure conformance by subordinates.
4. Any Dana's House, Inc. employee who engages in discrimination will be subject to suspension or termination.
5. Any supervisory or managerial employee who knows of such behavior and fails to take immediate and appropriate corrective action will also be subject to disciplinary action.
6. Any individual who is the target of discrimination is encouraged to discuss the matter with the Department Director.
7. Any individual who feels such a discussion would be or has been futile, unsatisfactory or counterproductive should contact the Administrator.
8. The Administrator will be designated to investigate the claim.
9. The accused individual may be suspended pending the outcome of the investigation.
10. Retaliation against claimants will not be tolerated.

Dana's House, Inc. is proud to be an equal opportunity employer. We are committed to providing equal employment opportunities to you and all other persons without regard to race, creed, color, religion, national origin, sex, marital status, citizenship status, age, veteran status or disability.

Furthermore, we will not tolerate any form of discrimination or harassment of our employees by co-workers, supervisors, customers, or vendors. This commitment extends to our policies on recruiting, advertising, hiring, placement, promotion, training, transfer, wages, benefits, termination and all other privileges, terms and conditions of employment.

Supporting Forms, Documents, and Information

None



Arkansas Department of Health
Social Work License Card

License No.

1853-M

Expiration Date:

12/31/2023

Megan Longnecker McLain, LMSW

598 McLain Road

DeWitt AR 72042-3696

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board

Lammy Charters, LMSW

Chair

From: DBOTSHRegistrationAutoMailer@ChangeHealthcare.com
To: JCHORNBECK@DANASHOUSE.ORG; JWILLIAMS@DANASHOUSE.ORG
Subject: SECURE: Change Healthcare: Notification of Enrollment Authorization (39393020)
Date: Thursday, March 19, 2020 10:40:13 AM
Attachments: [ATT00001.png](#)
[R - OKC01 ID 273370857 CPID 1489 SKARO THERAPYNOTES LLC AUTHORIZED.tif](#)

CHANGE
HEALTHCARE
Enrollment Status Change

Dear Customer,

The attached application for registration has been approved by the payer and has been activated in our systems. You may begin submitting/receiving electronic transactions.

Payer ID - SKARO, ARKANSAS MEDICAID

Transaction Type - REMITTANCE

NPI - 1376793406

Tax ID - 582190380

Thank you,

Change Healthcare Enrollments

Any inquiries concerning forms and status should be submitted through 24/7

Thank you,
Change Healthcare Enrollments
866-924-4634

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: November 29, 2023
SUBJECT: 710-24-0014 Counseling 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 OF SPECIFICATION(S)


- Section 2.3.F.2 – remove and replace with the following:
The Contractor shall submit to the county supervisor or designee a copy of the client's treatment plan and any updates to the treatment plan. Justification shall remain in the client's file.
- Section 2.3.F.3 – remove and replace with the following:
Contractor must submit treatment plan updates to DCFS.
- Section 2.3.D.6 – remove and replace with the following:
Licensed professionals providing services must have a minimum of one (1) year experience in individual, family, and/or group therapy or under the supervision of a licensed professional. Provider must have experience providing counseling in the community, natural environment, and office based.
- Section 2.3.H.10 – remove the following:
Contractor must submit client monthly progress notes to the DCFS Supervisor documenting services, including the client's response and engagement in services. These progress notes shall summarize dates/times of service, progress in counseling, and continued care recommendations. Progress notes are due by the 10th of each month.

OTHER

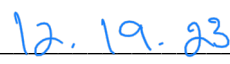
- Official Bid Price Sheet – remove and replace with 710-24-0014 Official Bid Price Sheet - Revised.
- Section 3.1.D – add the following language:
A minimum of seventy percent (70%) of all billed time (exclusive of travel time) for counseling services must be direct service. Direct service is defined as face-to-face contact with the family.
 1. DHS may allow up to thirty percent (30%) for indirect costs and mileage. The current State of Arkansas mileage reimbursement rate is \$0.65 per mile. The mileage reimbursement rate may increase or decrease throughout the duration of the contract in accordance with the rate set by the Arkansas Department of Finance and Administration. The mileage reimbursement rate applied will be the current state rate on the date of travel.
 2. The Contractor must submit a list of indirect costs with invoices for DHS review and approval.

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: Karrie Goodnight, DHS.OP.Solicitations@dhs.arkansas.gov, (501) 320-3906



Vendor Signature



Date



Company

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: December 12, 2023
SUBJECT: 710-24-0014 Counseling 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 OF BID OPENING DATE AND TIME

- Bid Submission Date and Time: December 19, 2023, 1:00 pm CST
- Bid Opening Date and Time: December 19, 2023, 2:00 pm CST

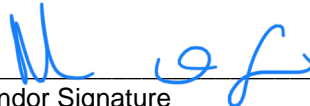
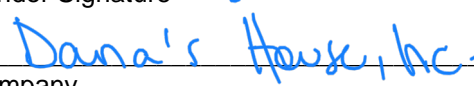
CHANGE OF SPECIFICATION(S)

- Section 2.2.D – Remove and replace with the following:

Contractors must be Certified and enrolled as a Behavioral Health Agency (BHA), Community Support System Provider (CSSP), Independently Licensed Practitioner (ILP) or ILP Group provider in the Arkansas Medicaid Program. For verification purposes, Prospective Contractors must provide, with bid submission, a copy of certification.

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: Karrie Goodnight at DHS.OP.Solicitations@arkansas.gov or (501) 320-3906


 Vendor Signature _____ Date 12.19.23

 Company _____

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 3

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: December 18, 2023
SUBJECT: 710-24-0014 Counseling Services

The following change(s) to the above referenced IFB have been made as designated below:

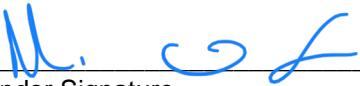
☐ Change of specification(s)
☐ Additional specification(s)
☒ Change of bid opening date and time
☐ Cancellation of bid
☐ Other


CHANGE OF BID OPENING DATE AND TIME

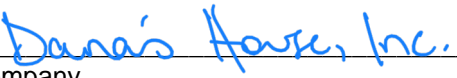
- Bid Submission Date and Time: December 27, 2023, 11:00 am CST
- Bid Opening Date and Time: December 27, 2023, 12:00 pm CST

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: Karrie Goodnight at DHS.OP.Solicitations@arkansas.gov or (501) 320-3906.


Vendor Signature


Date


Company



Department of Transformation and Shared Services

Governor Sarah Huckabee Sanders

Secretary Joseph Wood

Director Edward Armstrong

CERTIFICATION FOR BOYCOTT AND ILLEGAL IMMIGRANT RESTRICTIONS

Pursuant to Arkansas law, a vendor must submit the below certifications prior to entering into a contract with a public entity for an amount as designated by the applicable laws.

1. **Israel Boycott Restriction:** For contracts valued at \$1,000 or greater.

A public entity shall not enter into a contract with a company unless the contract includes a written certification that the person or company is not currently engaged in a boycott of Israel. If at any time after signing this certification the contractor decides to engage in a boycott of Israel, the contractor must notify the contracting public entity in writing.

See Arkansas Code Annotated § 25-1-503.

2. **Illegal Immigrant Restriction:** For contracts exceeding \$25,000.

No state agency may enter into or renew a public contract for services with a contractor who employs or contracts with an illegal immigrant. A contractor shall certify that it does not employ, or contract with, illegal immigrants.

See Arkansas Code Annotated § 19-11-105.

3. **Energy, Fossil Fuel, Firearms, and Ammunition Industries Boycott Restriction:**

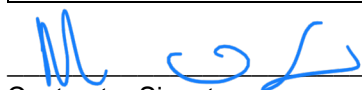
For contracts valued at, or exceeding, \$75,000.

A public entity shall not enter into a contract with a company unless the contract includes a written certification that the person or company is not currently engaged in, and agrees for the duration of the contract not to engage in, a boycott of an Energy, Fossil Fuel, Firearms, or Ammunition Industry. If a company does boycott any of these industries, see Arkansas Code Annotated § 25-1-1102.

By signing this form, the contractor agrees and certifies that it does not, and shall not for the remaining aggregate term of the contract, participate in the activities checked below:

- ☒ Do not boycott Israel.
- ☒ Do not employ illegal immigrants.
- ☒ Do not boycott Energy, Fossil Fuel, Firearms, or Ammunition Industries.

Contract Number & Description	
Name of Public Entity	
Name of Vendor/Contractor	
AASIS Vendor Number	


Contractor Signature

12.19.23
Date

Office of State Procurement

501 Woodlane Street, Suite 220 * Little Rock, AR 72201 * 501.324.9316

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:

TAXPAYER ID NAME: Dana's House, Inc.

Goods? ☐ Services? ☒ Both? ☐

YOUR LAST NAME: Skinner

FIRST NAME Elizabeth

M.I.:

ADDRESS: 108 S. Jefferson

CITY: DeWitt

STATE: AR

ZIP CODE: 72042

COUNTRY: United States

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 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 Exec Dir Date 12-19-23
Vendor Contact Person Elizabeth Skinner Title Executive Director Phone No. (870) 946-8303

Agency use only

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