# STATE OF ARKANSAS



### John Thurston

ARKANSAS SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

I, John Thurston, Arkansas Secretary of State of Arkansas, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of

# **Application for Certificate of Authority**

of

# DIGIT OUTSOURCE, INC

filed in this office March 18, 2022

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 18th day of March 2022.

John Thurston Secretary of State

Online Certificate Authorization Code: 517787623e3169c9325 To verify the Authorization Code, visit sos.arkansas.gov



# **Application for Certificate of Authority**

### Filing Information

Filing Act: 958 of 1987

Foreign Date of Origin: 2018-03-23

State of Origin: VA Foreign Country of Origin: USA

Entity Name: DIGIT OUTSOURCE, INC

File Date: 2022-03-18 08:11:07

Effective Date: 2022-03-18

Filing Signature: RANJITH RAVULA

Signature Title: CEO Stock Nonstock: Stock

#### Registered Agent:

First Name: NARSIMHA REDDY

Last Name: PENTHALA

Address 1: 1300 WESTHAMPTON DR

City: LITTLE ROCK

State: AR Zip: 72211 Country: USA

#### Officers

First Name: RANJITH Last Name: RAVULA

Title: Incorporator/Organizer Address 1: 13390 POINT RIDER LN

City: HERNDON

State: VA Zip: 20171 Country: USA

First Name: DAVID Last Name: MARADONA

Title: Director

Address 1: 1201 N ORANGE STREET SUITE #820

City: WILMINGTON

State: DF Zip: 19801 Country: USA

#### Principal

Entity Name: DIGIT OUTSOURCE, INC.

Address 1: 1201 N ORANGE STREET SUITE #820

City: WILMINGTON

State: DE Zip: 19801 Country: USA

Phone Number: 302-515-0390

Email Address: HR@DIGITOUTSOURCE.COM

## Foreign Contact

Entity Name: Digit Outsource, Inc

Address 1: 1201 N Orange Street Suite #820

City: Wilmington State: DE

Zip: 19801

Phone Number: 302-515-0390

Email Address: hr@digitoutsource.com

Page 1

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DIGIT OUTSOURCE, INC" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF MARCH, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DIGIT OUTSOURCE, INC" WAS INCORPORATED ON THE TWENTY-THIRD DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

6812181 8300

SR# 20221079876
You may verify this certificate online at corp.delaware.gov/authver.shtml

MSRS

Authentication: 202979781

Date: 03-22-22

# Reference Data for RFP: 710-22-0026 - Temporary Staffing for Clerical Positions

# Reference 1:

Cus	tomer Name: Commonwealth of Massachusetts
Contact Name	Akilesh Ojha
Address	Massachusetts Department of Revenue
	DOR, PO Box 7000, Boston, MA 02204.
Contact Telephone	(774)-414-7151
Number	
Contact Email	ojhaa@dor.state.ma.us
Description of services	IT Staff Augmentation Services / Temporary Staffing Services
provided to the customer	

# Reference 2:

	Customer Name: SMK Soft
Contact Name	Krishna Revoori
Address	2201 Cooperative Way, Suite 600, Herndon VA 20171
Contact Telephone Number	(703)-988-6704
Contact Email	rkreddy@smksoft.com
Description of services provided to the customer	Temporary Staffing Services

# **BID SIGNATURE PAGE**

Type or Print the	following information.							
	PROSPEC	TIVE CONTE	RACTOR	'S INFO	RMA	TION		
Company:	Digit Outsource Inc							
Address:	1201 N Orange Street, S	Suite #820					-	
City:	Wilmington		State:	DE			Zip Code:	19801
Business	☐ Individual	☐ Sole	e Proprie	torship			Public Sen	ice Corp
Designation:	☐ Partnership	☑ Cor	poration				Nonprofit	The second secon
Minority and	☑ Not Applicable	☐ Americ	an India	n	□s	ervice Di	sabled Veter	ran
Women-Owned	☐ African American	☐ Hispan	ic Ameri	can		/omen-O	wned	
Designation*:	☐ Asian American	☐ Pacific						
	AR Certification #:		*S	ee Minor	ity a	nd Wome	en-Owned B	usiness Policy
	PROSPECTIVE Provide contact inform	CONTRACT	OR CO	NTACT I	NFO	RMATIO related	N matters.	
Contact Person:	Ranjith Kumar		Title:		P	resident	/ CEO	
Phone:	302-800-1950		Alterna	te Phone	e:			
Email:	ranjith@digitoutsource	.com						
	CONF	IRMATION (	DE RED	CTED	COPY	/		
☑ NO, a redacte submission do Note:If a redacte packet, and data (other	ed copy of submission do do copy of submission do ocuments will be released do copy of the submission do neither box is checked, than pricing), will be released on Act (FOIA). See Bid	cuments is not if requested a documents a copy of the eased in resp	ot enclos d. is not pr e non-rec onse to a	sed. I un ovided w dacted do any requi	rith P ocum est n	Prospectiv nents, wit nade und	e Contracto	r's response tion of financia
	ILLEG	AL IMMIGR	ANT CO	NFIRMA	TION	V		
they do not empl	ubmitting a response to t oy or contract with illegal r contract with illegal imn	immigrants.	If selec	ted, the F	rosi	pective C	ontractor ce	d certifies tha rtifies that the
	ISRAEL BOY	YCOTT RES	TRICTIC	N CONF	IRM	ATION		
By checking the l selected, will not	oox below, a Prospective boycott Israel during the	Contractor a	agrees a erm of th	nd certific e contrac	es th	at they d	o not boycot	t Israel, and it
☑ Prospective C	ontractor does not and w	vill not boyco	tt Israel.					
An official author	rized to bind the Prospe	ective Contr	actor to	a result	ant d	contract	must sign b	pelow.
Γhe signature belo Solicitation <b>will ca</b>	ow signifies agreement thuse the Prospective Co	nat any excer ontractor's b	otion that oid to be	conflicts disqual	with	a Requi	irement of th	is <i>Bid</i>
Authorized Signa	iture:			Tit	ie: P	resident / C	EO	-
Printed/Typed Na	me: Ranjith Kumar R	avula		Da	te: _	03-29-2	2022	

# 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 710
	Olicet Audiess	City, State, ZIP

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

# SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE

•	Any requested exceptions to items in this section which are <u>NON-mandatory</u> <b>must</b> be declared below or as an attachment to this page. Vendor <b>must</b> 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:	Digit Outsource Inc	Date:	03-29-2022	
Signature:	Dest	Title:	President / CEO	
Printed Name:	Ranjith Kumar Ravula			

# **EQUAL EMPLOYMENT OPPORTUNITY POLICY**

	(misdiactions on rage 2)	nirdge 2)	
Contractor's Name:	Digit Outsource Inc	Telephone:	302-800-1950
Address:	1201 N Orange Street, Suite 820	Federal ID No.:	87-1762043
City, State, ZIP:	Wilmington, DE 19801	Contract No(s):	710-22-0026

NAME AND TITLE OF PREPARER:	PREPARED BY (Signature):	TOTAL	Service Workers	Laborers and Helpers	Operatives	Craft Workers	Administrative Support Workers	Sales Workers	Technicians	Professionals	First/Mid-Level Officials and Managers	executive/Senior Level Officials and Managers			Job Categories			
Ranjith							4			2		4	Force	Work	Total			
Kumar Rav	A												Male			Lat	Hispa	
rula, Presic	The state of the s												Female			Latino	Hispanic or	
Ranjith Kumar Ravula, President / CEO	1	ر								2			White					
													Atrican Americ an	or	Black			
													Other Pacific Islander	n or	Native Hawaiia	7		Race/I
												1	Asian			Male		Ethnicity -
TELEPHONE/EMAIL:	DATE:												or Alaska Native	n Indian	America		Z	Race/Ethnicity - report employees in only one category
'EMAIL:													More Races				Not-Hispanic or Latino	loyees in c
												2	White				c or Latino	only one ca
302-800-1950	2/20												African Americ an	or	Black			itegory
1950	28/2022												Other Pacific Islander	n or	Native	Female		
							4					1	Asian			ıale		
													or Alaska Native	Indian	Americ			
													Two or More Races					

Attachment Number		1					
Action Number Failure to complete all of the folio	wing infor	nation n	CONTRACT AND GRANT	T DISCI	LOSURE	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 numbers agreement or great award with any Advances State Access.	
SUBCONTRACTOR: SUBCON	SUBCONTRACTOR NAME:	AME:					
TAXPAYER ID NAME: Digit OL	Digit Outsource Inc	Inc				ISTHIS FOR: Goods? ☐ Services? ✓ Both? ☐	
YOUR LAST NAME: Ranjith			FIRST NAME K	Kumar Ra	Ravula	W.I.:	
ADDRESS: 1201 N Orange Street, Suite 820	Street, S	uite 82					
city: Wilmington			STATE:	DE	ZIP CODE:	)E: 19801 COUNTRY: USA	
AS A CONDITION OF OBT			AINING, EXTENDING, AMENDING, ( ANY ARKANSAS STATE AGENCY,	OR REI	OLLOW VEWING	CONTRACT, LEASE, PURCHASE	
					NDIVID	) II A I, S *	
Indicate below if: you, your spous Member, or State Employee:	se or the bi	other, s	you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of Employee:	spouse is	a current or	former: member of the General Assembly, Constitutional Officer, State Board or Commissi	mmissi
Position Held	Mark (√)	(3)	Name of Position of Job Held [senator, representative, name of	For Hov	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	Current	Former	poard/ commission, data entry, etc.]	MM/YY	MM/YY	Person's Name(s) Relation	_
Constitutional Officer							
State Board or Commission Member							
State Employee							
✓ None of the above applies	Š						L
			FOR AN E	NTIT	Y (	BUSINESS) *	
dicate below if any of the followir flicer, State Board or Commission lember, or State Employee. Posi	ng persons n Member, tion of con	, curren State E trol mea	t or former, hold any position of con imployee, or the spouse, brother, si ins the power to direct the purchasi	trol or hold ster, paren	any owner t, or child o	ndicate 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, Constitution 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 fember, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.	stitution
Position Held	Mark (v)	3	Name of Position of Job Held	For How Long?	/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 Fo	Former	board/commission, data entry, etc.]	From	To	Person's Name(s)  Ownership Position of Interest (%)  Control	
General Assembly							
Constitutional Officer							
State Board or Commission  Member							
State Employee							
None of the above applies	S			And and other Designation of the last	-		L

Contract Number 710-22-0026

Attachment Number  Action Number  Action Number  Action 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	Certification Form	dation, or policy adopted pursuant to
As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency.	emedies available to the agenact with a state agency I agrant	<u>nuly, who lans to make the required act).</u>
1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete 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 term of my contract with the state agency.	o the contract date, I will requal mean any person or ent II, or any part, of the perform	ntract date, I will require the subcontractor to complete a any person or entity with whom I enter an agreemen part, of the performance required of me under the terms
2. I will include the following language as a part of any agreement with a subcontractor:	ctor:	
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.	-04, or any violation of any ract. The party who fails to lable to the contractor.	) rule, regulation, or policy adoptec make the required disclosure or who
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.	or, whether prior or subsequeted by the subcontractor an	lent to the contract date, I will mail and a statement containing the dollar
	of, all of the above infor	mation is true and correct and
Signature Kall III Kavula Date: 2022.03.29 14:38:26-04/00' Title President / CEO  Vendor Contact Person Ranjith Kumar Ravula Title President / CEO		Date_03-29-2022 Phone No. (302) 800-1950
	Contact	Contract
Name repaintent of nutrial services Contact Derson	Chone No	or Grant No

Contract Number

# 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: March 28, 2022

Digit Outsource Inc

Company

SUBJECT: 710-22-0026 Temporary Clerical Staffing						
The following change(s) to the above referenced II	FB have been made as designated bel	ow:				
X Change of specification(s)						
Additional specification(s)						
Change of bid opening date and time						
Cancellation of bid						
Other						
CHANGE	OF SPECIFICATIONS					
IFB, page 9, Section 1.29, delete and replace v	with the following:					
SCHEDULE OF EVENTS						
Public Notice of IFB	March 15, 2022					
Deadline for Receipt of Written Questions	March 22, 2022					
Response to Written Questions, On or About	March 28, 2022					
Date and Time for Bid Submission	March 31, 2022 @ 11:00am CT					
Date and Time for Bid Opening	March 31, 2022 @ 12:00pm CT					
Intent to Award Announced, On or About	April 8, 2022					
Contract Start (Subject to State Approval)	July 1, 2022					
IFB, page 11, Section 2.4.B.2, delete and replace with the following:  STAFFING QUALIFICATIONS  Candidates must be submitted to DCO within twenty-four (24) hours of receipt of the request. In the event any temporary employee fails to adhere to DCO's directions or security regulations or demonstrate that they are not qualified to perform the required duties, DCO shall notify the Contractor who shall replace the employee within one (1) working day.						
IFB, page 11, Section 2.4.C, delete and replace	e with the following:					
TEMPORARY EMPLOYEE SCREENING PROCEDURES The Contractor shall have temporary employee applicant screening procedures in place that may include, but are not limited to: • Evaluation of general knowledge and skills • Computer competency testing • Verification of work experience and capabilities through reference check						
The specifications by virtue of this addendum become to return this signed addendum may result in reject	me a permanent addition to the above ion of your proposal.	referenced IFB. Failure				
If you have any questions, please contact: Buyer's	name, Buyer's email address and phor	ne number.				
(V)	03-29-2022					
Vendor Signature	Date					

## **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	<b>\$</b> <sup>\$30</sup>	<b>\$</b> 4,680,000

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

		DIVISION OF COUNTY OPERATIONS			
AREA I	AREA II	AREA III 🔘	AREA IV 🔵	AREA V 🔘	AREA VI
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	Pope	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		