BID RESPONSE PACKET 710-25-025 Psychological Services/CHDC

BID SIGNATURE PAGE

Type or Print the following information.

Company:	g		
Company.	EGA Associates, LLC	,	
Address:			
City:		State:	Zip Code:
Business Designation:	□ Individual □ Partnership	☐ Sole Proprietorship☑ Corporation	☐ Public Service Corp☐ Nonprofit
Minority and	☐ Not Applicable	☐ American Indian	☐ Service Disabled Veteran
Women-Owned	☐ African American	☐ Hispanic American	☐ Women-Owned
Designation*:	☐ Asian American	☐ Pacific Islander America	n
	AR Certification #:	* See Mind	rity and Women-Owned Business Policy
	-	E CONTRACTOR CONTACT mation to be used for bid solici	
Contact Person:	Brandon Blackmore	Title:	Director of Sales
Phone:		Alternate Phor	e:
Email:	bblackmore		
	CON	FIRMATION OF REDACTED	COPY
	d copy of submission documents of submission documents.		and a full conv of non-redacted submission
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SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE

this page. Ver	l exceptions to items in this section which are <u>NON-man</u> ndor must clearly explain the requested exception and s n number to which the exception applies.	datory must be de hould label the red	eclared below or as an attachment to quest to reference the specific
• Exceptions to I	Requirements shall cause the vendor's proposal to be o	lisqualified.	
By signature below, v	endor agrees to and shall fully comply with all req	uirements as sho	own in the bid solicitation.
Vendor Name:	EGA Associates	Date:	10/15/2024
Signature:	Dr. Thomas J. Mata Digitally signed by Dr. Thomas J. Mata Date: 2024.10.15 14:37:57-04/00'	Title:	Vice President
Printed Name:	Thomas J. Mata		

PROPOSED SUBCONTRACTORS FORM

Do not include additional information relating to subcontractors on this form or as an attachment to this
form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

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

DOCUMENTATION CHECKLIST

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

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

Arkansas Psychology Board (501) 682-6167

104 Shadow Ridge Ln Fairfield Bay, AR 72088

| TYPE: Psychological Examiner - Independent | STATUS: ACTIVE

ADDITIONAL INFO

License Issued - 1/20/1995 License Expires - 6/30/2025 Good Standing - Yes Sanctions - N

Verification Check - https://www.ark.org/psych_lic_ver/index.php



Arkansas Secretary of State John Thurston

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

formed under the laws of the state of the state of the state of Arkansas as a Foreign Limited Liability Company, was granted a Registration of Foreign Limited Liability Company by this office March 29, 2022.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 1st day of October 2024.

John Thurston

Online Certificate Authorization Code: 2f82879f87e8bc4
To verify the Authorization Code, visit sos.arkansas.gov

COMMITMENT TO DIVERSITY

Equal Employment Opportunity

is an equal opportunity employer. In accordance with applicable law, we prohibit discrimination against any applicant or employee based on any legally-recognized basis, including, but not limited to: race, color, religion, sex (including pregnancy, lactation, childbirth or related medical conditions), sexual orientation, gender identity, age (40 and over), national origin or ancestry, citizenship status, physical or mental disability, genetic information (including testing and characteristics), veteran status, uniformed servicemember status or any other status protected by federal, state or local law. Our commitment to equal opportunity employment applies to all persons involved in our operations and prohibits unlawful discrimination by any employee, including supervisors and co-workers.

Disability & Accommodation

To comply with applicable laws ensuring equal employment opportunities for individuals with disabilities, will make reasonable accommodations for the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or an employee, unless undue hardship and/or a direct threat to the health and/or safety of the individual, our clients, or patients would result. Any employee who requires accommodation in order to perform the essential functions of their job should contact Human Resources to request such accommodation. Human Resources will communicate with the employee and engage in an interactive process to determine the nature of the issue and what, if any, reasonable accommodation(s) may be appropriate. In some cases, this interactive process may be triggered without a request from the employee, such as when the Organization receives notice from its own observation or another source (i.e.: the client) that a medical impairment may be impacting the employee's ability to perform essential job functions.

Employees who believe they need accommodation must specify, preferably in writing, what barriers or limitations prompted the request. The Organization will evaluate information obtained from the employee, and possibly the employee's health care provider or another appropriate health care provider, regarding any reported or apparent barriers or limitations, and will then work with the employee to identify possible accommodations, if any, that will help to eliminate or otherwise address the barrier(s) or limitation(s). If an identified accommodation is reasonable and will not impose an undue hardship on the Organization and/or a direct threat to the health and/or safety of the individual or others, will generally make the accommodation, or it may propose another reasonable accommodation which may also be effective. Employees are required to cooperate with this process by providing all necessary documentation supporting the need for accommodation and being willing to consider alternative accommodation when applicable.

will also consider requests for reasonable accommodations for medical conditions related to pregnancy, childbirth and lactation where supported by medical documentation and/or as required by applicable federal, state, or local law.

Employees who wish to request a leave of absence to accommodate a disability should speak to Human Resources.

Attachment Number Action Number		CONTRACT AND GRANT DISCLOSURE AND CERTIC	7 7 0 0	2 10 10 10			
Failure to complete all of the follo	wing information	may result in a delay in obtaining a co	ontract, lease,	purchase a	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 SUBCONTRACT	Agency.	
Yes No	SUBCONTRACTOR NAME:						
TAXPAYER ID NAME: EGA AS	EGA Associates, LLC				IS THIS FOR: Goods? ☐ Services? ☑	☑ Both? 🗌	
YOUR LAST NAME:		FIRST NAME			M.I.:		
ADDRESS:							
CITY:		STATE:		ZIP CODE:		COUNTRY:	
AS A CONDITION OF OBTAINING, EXTENDING, OR GRANT AWARD WITH ANY ARKANSAS STA	BTAINING, TH ANY AF	AMENDING, TE AGENCY	OR RENE	WING A	OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, THE FOLLOWING INFORMATION MUST BE DISCLOSED:	GREEMENT, SED:	
		For	INDIVID	VID	UALS*		
Indicate below if: you, your spou Member, or State Employee:	se or the brother	you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of t Employee:	spouse is a cu	irrent or foi	rmer: member of the General Assembly, Constitutional Officer, State Board or Commission	nal Officer, State Boar	rd or Commissior
Position Held	Mark (√)	Name of Position of Job Held [senator, representative, name of	For How Long?	ong?	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.]	they related to you? blic, Jr., child, etc.]	
· · · · · · · · · · · · · · · · · · ·	Current Former	_ g	From MM/YY N	To MM/YY	Person's Name(s)	Relation	On
General Assembly							
Constitutional Officer		The second secon	777		The assistance of the control of the	PHILIPANIHIA	
State Board or Commission Member	Timeraby	**************************************		1	*** Commission Commiss	***************************************	
State Employee					visite(r)		
None of the above applies	es						
		FOR AN E	NTITY	7 (B	USINESS)*		
Indicate below if any of the following Officer, State Board or Commission Member, or State Employee. Pos	ing persons, cur on Member, Stat sition of control n	Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% on Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the Ge Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of	ntrol or hold and lister, parent, o ling policies or i	y ownershi ır child of a influence ti	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 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.	of the General Assemb officer, State Board or (ปy, Constitutional Commission
Position Held	Mark (√)	Name of Position of Job Held	For How Long?	ong?	What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	of ownership interest a ntrol?	and/or
	Current Former	board/commission, data entry, etc.]	From MM/YY N	To MM/YY	Person's Name(s)	est (%)	Position of Control
General Assembly		and the second s					
Constitutional Officer		11.000			Principle.		7
State Board or Commission Member		Tamonino's President II			THE STATE OF THE S	WHAT I WAS A STATE OF THE STATE	miniminanteevus
State Employee		70000			TOTAL STATE OF THE	William.	T T T T T T T T T T T T T T T T T T T
None of the above applies	es			_			

Contract Number

Contract or Grant No	Contact Phone No.	Agency Contact Person	Agency Name_Department of Human Services (Agency use only Agency Number 0710
215-565-1032	Director of SalePhone No2	TitleDirecto	Brandon Blackmore	act Person_	Vendor Contact Person
Date10/15/2024	Vice PresidentD	Title	Aata Digitally signed by Dr. Thomas J. Mata Dale: 2024.10.15 14:38:13 -04:09	Dr. Thomas J. Mata	Signature
the above information is true and correct and	belief, all of the above info	I certify under penalty of perjury, to the best of my knowledge and belief, all of that I agree to the subcontractor disclosure conditions stated herein.	of perjury, to the best ontractor disclosure c	er penalty c	I certify und that I agree
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.	ntractor, whether prior or subsector, whether prior or subsector or subcontractor	/ agreement with a subcon	No later than ten (10) days after entering into any copy of the CONTRACT AND GRANT DISCLOSURE A amount of the subcontract to the state agency.	an ten (10) da e Contract A the subcontra	3. No later th copy of the amount of
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.	Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of a pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails t violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.	Governor's Executive Orde each of the terms of this sub subject to all legal remedies	disclosure required by er, shall be a material breulation, or policy shall be	e to make any nt to that Ord s any rule, reg	Failur pursua violate
	ontractor:	I will include the following language as a part of any agreement with a subcontractor:	g language as a part of a	de the followin	2. I will include
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.	uent to the contract date, I will retor shall mean any person or eion, all, or any part, of the perfor	Prior to entering into any agreement with any subcontractor, prior or subsequent to the cont Contract and Grant DiscLosure and Certification Form. Subcontractor shall mean whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any property of my contract with the state agency.	 agreement with any sub DISCLOSURE AND CERTIFIC TWISE delegate to the persate agency. 	Prior to entering into any agreement CONTRACT AND GRANT DISCLOSURE whereby I assign or otherwise delegation of my contract with the state agency.	1. Prior to en Contract whereby I of my cont
gree as follows:	contract with a state agency I agree as follows:	As an additional condition of obtaining, extending, amending, or renewing a contract with a	of obtaining, extending,	nal condition	As an addition
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.	Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulati that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entit disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.	Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation that Order, shall be a material breach of the terms of this contract. Any contractor, whether disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies ay	ure required by Governon ial breach of the terms o ny rule, regulation, or pol	ke any disclos all be a maten vho violates an	Failure to ma that Order, sh disclosure or v
	and Certification Form	Contract and Grant Disclosure and Certific	Contract an	mber	Action Number
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