

BID RESPONSE FOR:

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**IFB 710-21-0031**

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Certified Nursing Assistance  
Division of Developmental Disabilities  
Services (DDS)

FROM:  
**Health Advocates Network, Inc. (HAN)**

**ORIGINAL**

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***BID RESPONSE PACKET***  
***710-21-0031***

## BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Health Advocates Network, Inc.				
Address:	212 E. Rowland St. #313				
City:	Covina	State:	CA	Zip Code:	91723
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"/> Asian American <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Women-Owned				
	AR Certification #: <u>N/A</u> * See <i>Minority and Women-Owned Business Policy</i>				

<b>PROSPECTIVE CONTRACTOR CONTACT INFORMATION</b> <i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:	Andrea Goodwin	Title:	HR Manager
Phone:	800-928-5561	Alternate Phone:	626-626-1419
Email:	hrmanager@stafftodayinc.com		

<p align="center"><b>CONFIRMATION OF REDACTED COPY</b></p> <p><input type="checkbox"/> YES, a redacted copy of submission documents is enclosed.</p> <p><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.</p> <p><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></p>	
<p align="center"><b>ILLEGAL IMMIGRANT CONFIRMATION</b></p> <p>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.</p>	
<p align="center"><b>ISRAEL BOYCOTT RESTRICTION CONFIRMATION</b></p> <p>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.</p> <p><input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel.</p>	

***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:

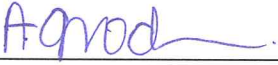
Authorized Signature: A. Grod Title: HR Manager  
Use Ink Only.

Printed/Typed Name: ANDREA GOODWIN Date: 06/15/2021

## **SECTION 1 - 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 this section of the bid solicitation.

<b>Vendor Name:</b>	Health Advocates Network, Inc.	<b>Date:</b>	06/15/2021
<b>Signature:</b>		<b>Title:</b>	HR Manager
<b>Printed Name:</b>	ANDREA GOODWIN		

## **SECTION 2 - 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 this section of the bid solicitation.

<b>Vendor Name:</b>	Health Advocates Network, Inc.	<b>Date:</b>	06/15/2021
<b>Signature:</b>		<b>Title:</b>	HR Manager
<b>Printed Name:</b>	ANDREA GOODWIN		

## **SECTION 3 - VENDOR AGREEMENT AND COMPLIANCE**

- *Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.*

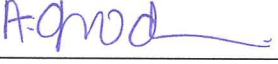
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

<b>Vendor Name:</b>	Health Advocates Network, Inc.	<b>Date:</b>	06/15/2021
<b>Signature:</b>		<b>Title:</b>	HR Manager
<b>Printed Name:</b>	ANDREA GOODWIN		

## **SECTION 4 - VENDOR AGREEMENT AND COMPLIANCE**

- *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 this section of the bid solicitation.

<b>Vendor Name:</b>	Health Advocates Network, Inc.	<b>Date:</b>	06/15/2021
<b>Signature:</b>		<b>Title:</b>	HR Manager
<b>Printed Name:</b>	ANDREA GOODWIN		



## PROPOSED SUBCONTRACTORS FORM

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

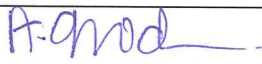
**PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.**

*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.**

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

<b>Vendor Name:</b>	Health Advocates Network, Inc.	<b>Date:</b>	06/15/2021
<b>Signature:</b>		<b>Title:</b>	HR Manager
<b>Printed Name:</b>	ANDREA GOODWIN		



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: Health Advocates Network, Inc.

Goods? ☐ Services? ☒ Both? ☐

YOUR LAST NAME: Goodwin

FIRST NAME: Andrea

M.I.: \_\_\_\_\_

ADDRESS: 212 E. Rowland St. #313

CITY: Covina

STATE: CA

ZIP CODE: 91723

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:**

#### 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 (✓)		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

#### 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.

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?	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY			
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 A. Goodwin Title HR Manager Date 06/15/2021  
Vendor Contact Person Andrea Goodwin Title HR Manager Phone No. (800) 928-5561

**Agency use only**

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

## Equal Employment Opportunity Policy

Health Advocates Network, Inc. is committed to providing a non-discriminatory employment environment for its employees.

The policy of Health Advocates Network, Inc. is to fully comply with applicable federal, state and local laws, rules and regulations in the area of non-discrimination in employment. Discrimination against employees and applicants due to race, color, religion, sex (including sexual harassment), national origin, disability, age (40 years or older), place of birth, ancestry, marital status, military and veteran status is prohibited. Violations of this policy will be subject to discipline, up to and including termination.

Equal employment opportunity and non-discriminatory commitments include, but are not limited to, the areas of hiring, promotion, demotion or transfer, recruitment, discipline, layoff or termination, rate of compensation and company sponsored training.

All employees are expected to comply with this Equal Employment Opportunity Policy. Managers and supervisors who are responsible for meeting business objectives are expected to cooperate fully in meeting Health Advocates Network, Inc.'s equal employment opportunity objectives.

Any employee who believes he or she has been discriminated against must immediately report any incident to the company's designated EEO Officer.

The company will not tolerate retaliation against any employee who reports acts of discrimination or provides information in connection with any such complaint.

If you have any questions regarding this policy or requests additional data, please contact Andrea Goodwin at 800-928-5561.

Health Advocates Network, Inc. is an equal opportunity employer.

### 2.3 MINIMUM QUALIFICATIONS

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

B. Each vendor must include with its bid package the following:

- A photocopy of the vendor's license, registration, certificate, and/or permit of operation.
- A roster listing of all vendor personnel that would be currently available pursuant to this contract.

Vendors

must have a minimum pool of ten (10) qualified vendor personnel.

- A list of at least two (2) current accounts, either commercial or governmental, preferably nursing home or hospital environment within the United States, for which vendor is furnishing this service. The references must include the following: organization name, address, contact person name, email address, phone, and fax numbers.

**See attached documentation evidencing Health Advocates Network, Inc. meeting the Minimum Qualifications stipulated herein.**



# 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

**HEALTH ADVOCATES NETWORK, INC.**

filed in this office

April 06, 2020

**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 6th day of April 2020.

  
John Thurston  
Secretary of State

Online Certificate Authorization Code: 3022225e8b9ea5cd7dd  
To verify the Authorization Code, visit [sos.arkansas.gov](http://sos.arkansas.gov)



Certified Nursing Assistant Pool in Arkadelphia, AR		
Within 10 miles	Within 15 miles	Within 20-25 miles
Melanie Keith	Nakia Kennel	Latosha Milem
Valeecia Gentry		Earlene Ward
Kanisha Buchanan		Infinity Richey
Taylor Sepulvado		
Constantean Brim		
Jana Beth Manning		

Certified Nursing Assistant Pool in Booneville, AR		
Within 10 miles	Within 15 miles	Within 20-25 miles
Kourtney Raie Jones	Yvette Gleason	Shawnell-mike Ray
Crissy Tefteller Reed	Hannah Hunter	Candace Ragsdale
Nina Gaspa	Kelsey Bryant	Jamie Sharp
		Selena Steffen

Certified Nursing Assistant Pool in Jonesboro, AR		
Within 10 miles	Within 15 miles	Within 20-25 miles
Gina Amerson		
Tiffany Hamel		
Dawn Soto		
Porsha Wilburn		
Zakoyah Hawkins		
Amanda Brown		
Marcus Fowler		
Kaitlynn Boatman		
Kadeisjha Spencer		
Cherry Watkins		

Certified Nursing Assistant Pool in Warren, AR		
Within 10 miles	Within 25-30 miles	Within 50 miles
Lakenya Cousins	Styvie Crocker	Brittney Nicole Pritchard
	Whitney Woods	Jacoda Burris
	Alisa Jones	Kyron Jones
	Cali Cheyenne	Alesia Roberts
		Kenya Butler

Certified Nursing Assistant Pool in Conway, AR		
Within 10 miles	Within 25-30 miles	Within 50 miles
Raven Russell		
Dora Bourgeios		
Keasha Morgan		
Jalissa Jones		
Tabatha Sutherland		
Connie Franklin		
Felicia Price		
Venita Lambert		
Alfretta Shannon		
Terrica Farmer		
Markita Larry		
Whitney Henderson		

## **References**

1. Name: **Health Workforce Logistics, LLC**  
Address: 2655 Northwinds Parkway, Alpharetta, GA 30009  
Contact Person: Victoria Abolafia, Program Director  
Phone: 407-249-5454  
Email: [vabolafia@hwlmsp.com](mailto:vabolafia@hwlmsp.com)  
Services Provided: Provider of Temporary Help Services (EVS, Intake Coordinators, Dietitians and Social Workers)  
Contract Dates: 03/28/2020 – Present

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2. Client: **Aya Healthcare, Inc.**  
Address: 5930 Cornerstone Court W 300, San Diego, CA 92121  
Contact Person: Adriana Minicozzi, Account Director  
Phone: 858-257-1929  
Email: [aminicozzi@ayahealthcare.com](mailto:aminicozzi@ayahealthcare.com)  
Services Provided: Provider of Temporary Help Services (EVS, Intake Coordinators, Dietitians and Social Workers)  
Contract Dates: 04/18/2020 – Present
3. Client: **Cross Country Workforce Solutions**  
Address: 6551 Park of Commerce Blvd, Boca Raton, FL 33487  
Contact person: Shanna Shores Matthews, Director of Vendor Partnerships  
Phone: 561-237-2425  
Email: [SShoremattthews@crosscountry.com](mailto:SShoremattthews@crosscountry.com)  
Services Provided: Temporary Help Services (EVS, Intake Coordinators, Dietitians and Social Workers)  
Contract Dates: 01/02/2020 to Present



BID PRICING FOR:

**IFB 710-21-0031**

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Certified Nursing Assistance  
Division of Developmental Disabilities  
Services (DDS)

FROM:

**Health Advocates Network, Inc. (HAN)**

**ORIGINAL**

## OFFICIAL BID PRICE SHEET

Vendors are to check the box beside the Human Development Center (HDC) which they are bidding. Vendors are allowed to bid on more than one HDC however they must have the minimal number of staff to meet the needs of each HDC for which they are bidding.

☒ Arkadelphia ☒ Booneville ☒ Conway ☒ Jonesboro ☒ Southeast


Respondent proposes to do the work described in the "Scope of Work" of this IFB at the following proposed rate during the anticipated contract period: Bid rate are to be all inclusive there shall be no separate pay for travel or mileage.

DESCRIPTION	RATE TYPE	BID RATE PER HOUR
Certified Nursing Assistant	Weekday 6:00am-6:00pm	\$ 25.99
	Weekday 6:00pm-6:00am	\$ 25.99
	Weekend (6:00pm Friday thru 6:00am Monday)	\$ 26.50
	Holiday*	\$ 37.69

\* Holidays are as defined in Section 1.30 "State Holidays" of the IFB document.

### AUTHORIZATION SIGNATURE

By my signature below, I certify that the aforementioned statements are true and correct and that I accept the Terms and Conditions as presented in this bid, and that I am authorized by the respondent to submit this bid on his/her behalf.

<b>Vendor Name:</b> Health Advocates Network, Inc.	<b>Date:</b> 06/15/2021
<b>Signature:</b> 	<b>Title:</b> HR Manager
<b>Printed Name:</b> ANDREA GOODWIN	

## OFFICIAL BID PRICE SHEET

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	Weekend (6:00pm Friday thru 6:00am Monday)	\$ 26.50
	Holiday*	\$ 31.69

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<b>Vendor Name:</b> Health Advocates Network	<b>Date:</b> 6/15/2021
<b>Signature:</b> A. Good	<b>Title:</b> HR Manager
<b>Printed Name:</b> Andrea Goodwin	

The HDC's location and their functional capacity:

<b>HDC's Location</b>	<b>Functional Capacity</b>
Arkadelphia Human Development Center 1 Prator Drive Arkadelphia, AR 71923	110
Booneville Human Development Center 87 Reed Road, Hwy. 116 South Booneville, AR - 72927	128
Conway Human Development Center 150 East Siebenmorgen Road Conway, AR 72032	470
Jonesboro Human Development Center 4701 Colony Drive Jonesboro, AR 72401	109
Southeast Arkansas Human Development Center #1 Center Circle Warren, AR 71671	96