IFB 710-21-0031

Certified Nursing Assistance Division of Developmental Disabilities Services (DDS)

FROM:

Health Advocates Network, Inc. (HAN)



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:	□ Individual □ Partnership	□ Sole Prop ⊠ Corporatio				Public Service Nonprofit	Corp	
Minority and Women-Owned	⊠ Not Applicable □ African American	□ American Indian □ Hispanic American	merican Islander A	rican Service Disabled Veteran der American Women-Owned				
Designation*:	AR Certification #: _N	J/A	* See Min	* See Minority and Women-Owned Business Policy				

		ONTRACTOR CONTACT INF		
Contact Person:	Andrea Goodwin	Title:	HR Manager	
Phone:	800-928-5561	Alternate Phone:	626-626-1419	
Email:	hrmanager@stafftodayinc.com		1	

CONFIRMATION OF REDACTED COPY

□ YES, a redacted copy of submission documents is enclosed.

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.

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.

ILLEGAL IMMIGRANT CONFIRMATION

By signing and submitting a response to this *Bid Solicitation*, 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.

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:	A: good . Use Ink Only.	Title: _	HR Manager
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 <u>NON-mandatory</u> 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.

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

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are <u>NON-mandatory</u> 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.

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

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

Vendor Name:	Health Advocates Network, Inc.	Health Advocates Network, Inc.Date:06/15/2021			
Signature:	A-9vod Title: HR Manager				
Printed Name:	ANDREA GOODWIN				

SECTION 4 - VENDOR AGREEMENT AND COMPLIANCE

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

Vendor Name:	Health Advocates Network, Inc.	Date:	06/15/2021
Signature:	A-grod	Title:	HR Manager
Printed Name:	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.

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

Type or Print the following information

☑ 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.

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

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 Arkaness State Agency. Subcontraction: Subcontraction: UP es [Z]NO IS THIS FOR: TAUEATMAKE: TO NAME: Health Advocates Network, Inc. Goods? Services? Your Last NAME: Health Advocates Network, Inc. Abbreas: 212 E. Rowland St. #313 Girr; Covina State: CAC ZIP COME State: CR CANDITION 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; 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: For How Long? [Net: Is the person(s) name and how are they related to you? Constitutional Officer Issue of position of Job Heid For How Long? [Net: Is the person(s) name (s) Relation General Assembly Issue of the above applies For N E N T I T Y (B U S I N E S S) * The delate before the contrastor, date entry, etc.) The former [N	Contract Number									
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Officer, State Board of 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 ($\sqrt{1}$) 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? From To MM/YY Mary (N) Ownership Position of Interest (%)	Indicate below if any of the follow	ing perso	ns, currei	nt or former, hold any position of cor	ntrol or hold	any owne	rship interest of 10% or greater in the entity: membe	er of the General A	Assembly, Constitu	utional
Mark (v) 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? From To MM/YY To MM/YY Person's Name(s) Ownership interest and/or Ownership interest and/or Interest (%)	Officer, State Board or Commissi	on Memb	er. State	Employee, or the spouse, brother s	sister parer	nt or child (of a member of the General Assembly Constitutional	Officer, State Boa	ard or Commission	n
Current Former Former From board/commission, data entry, etc.] From MM/YY To MM/YY Person's Name(s) Ownership Interest (%) Position of Control				Name of Position of Job Held			What is the person(s) name and what is his/her		iterest and/or	
		Current	Former				Person's Name(s)			
General Assembly	General Assembly									
Constitutional Officer	Constitutional Officer									
State Board or Commission Member								1		
State Employee	State Employee									

None of the above applies

DHS Revision 11/05/2014

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:

- 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.

 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.

<u>I certify under penalty of perjury, to the be</u> that I agree to the subcontractor disclosure	st of my knowledge and belief, all of e conditions stated herein.	the above information is true and correct and
Signature A.Q	Title_ ^{HR Manager}	Date_ ^{06/15/2021}
Vendor Contact Person Andrea Goodwin	Title_HR Manager	Phone No. ^{(800) 928-5561}
Agency use only Agency Agency Agency Name_Department of Human Services		ntact Contract one No or Grant No

DHS Revision 11/05/2014



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.



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.

hm 01

John Thurston Secretary of State

Online Certificate Authorization Code: 3022225e8b9ea5cd7dd To verify the Authorization Code, visit sos.arkansas.gov

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		1
Jana Beth Manning		

Certifi	ed Nursing Assistant Pool in Boonev	ille, 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

Certif	ied Nursing Assistant Pool in Jonesbo	oro, 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		1

Cer	rtified Nursing Assistant Pool in Warre	en, 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

Cert	ified 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

- Name: Health Workforce Logistics, LLC Address: 2655 Northwinds Parkway, Alpharetta, GA 30009 Contact Person: Victoria Abolafia, Program Director Phone: 407-249-5454 Email: <u>vabolafia@hwlmsp.com</u> Services Provided: Provider of Temporary Help Services (EVS, Intake Coordinators, Dietitians and Social Workers) Contract Dates: 03/28/2020 – Present
- 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: <u>aminicozzi@ayahealthcare.com</u> Services Provided: Provider of Temporary Help Services (EVS, Intake Coordinators, Dietitians and Social Workers) Contract Dates: 04/18/2020 – Present
- 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: <u>SShorematthews@crosscountry.com</u>
 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

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
	Weekday 6:00am-6:00pm	\$ 25.99
Certified Nursing Assistant	Weekday 6:00pm-6:00am Weekend (6:00pm Friday thru 6:00am Monday)	\$ 26.99 \$ 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.

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

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

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

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

Vendor Name:	Health Advagtes Nativolek	Date: (0) 15 (202)
Signature:	A-quod.	Title: HR Manage-
Printed Name:	Andrea Groodwir	
Bid Response Packet 710-21-0031	et 710-21-0031	Page 8 of 8

The HDC's location and their functional capacity:

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