

BID RESPONSE PACKET
710-22-0002R

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Infinity Therapy, LLC			
Address:	7327 Worth Ave E			
City:	Benton	State:	AR	Zip Code: 72019
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 type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Service Disabled Veteran <input checked="" type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input checked="" type="checkbox"/> Women-Owned			
AR Certification #: 6670121		* See Minority and Women-Owned Business Policy		

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for bid solicitation related matters.			
Contact Person:	Portia Carr	Title:	CEO/owner
Phone:	501-773-7155	Alternate Phone:	501-909-4123
Email:	portia@infinitytherapy.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: Portia Carr, Ph.D., CCC-SLP Title: CEO/owner
Use Ink Only.
 Printed/Typed Name: Portia Carr Date: 12-5-21

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.

Vendor Name:	Infinity Therapy, LLC	Date:	12-5-21
Signature:	Portia Carr, Ph.D., CCC-SLP	Title:	CEO/ owner
Printed Name:	Portia Carr, Ph.D., CCC-SLP		

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.

Vendor Name:	Infinity Therapy, LLC	Date:	12-5-21
Signature:	Portia Carr, Ph.D., CCC-SLP	Title:	CEO/owner
Printed Name:	Portia Carr, Ph.D., CCC-SLP		

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.

Vendor Name:	Infinity Therapy, LLC	Date:	12-5-21
Signature:	Portia Carr, Ph.D., CCC-SLP	Title:	CEO/owner
Printed Name:	Portia Carr, Ph.D., CCC-SLP		

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.

Vendor Name:	Infinity Therapy, LLC	Date:	12-5-21
Signature:	Portia Carr, Ph.D., CCC-SLP	Title:	CEO / owner
Printed Name:	Portia Carr, Ph.D., CCC-SLP		

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
Kathleen Frizzell	6 Carmel Ln.	Little Rock, AR 72218
Petra Therapy / April Barnes	4869 Tall Grass Dr.	Benton, AR 72019

☐ **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:	Infinity Therapy, LLC	Date:	12-5-21
Signature:	Portia Carr, PhD, CCC-SLP	Title:	CEO / owner
Printed Name:	Portia Carr, PhD, CCC-SLP		

OFFICIAL BID PRICE SHEET

PLEASE REFER TO THE EXCEL SPREADSHEET

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: <i>Infinity Therapy, LLC</i>	Date: <i>12-5-21</i>
Signature: <i>Portia Carr Ph.D., CCC-SLP</i>	Title: <i>CEO/owner</i>
Printed Name: <i>Portia Carr, Ph.D., CCC-SLP</i>	

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 NAME:

☐ Yes ☒ No

IS THIS FOR:

Goods? ☐ Services? ☒ Both? ☐

TAXPAYER ID NAME: Infinity Therapy, LLC

FIRST NAME Portia

M.I.: S

ADDRESS: 7321 Worth Ave E

STATE: AR ZIP CODE: 72014

COUNTRY: U.S.A.

CITY: Benton

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.]	Relation
	Current	Former		From MM/YY	To MM/YY		
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 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	<input checked="" type="checkbox"/>		Assistant Professor	08/21	current	Portia Carr, PhD, CCC-SLP	100%	CEO

☐ 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 Portia Carr, Ph.D; CCC-SLP Title CEO / owner Date 12-5-21
Vendor Contact Person Portia Carr Title CEO / owner Phone No. 501-909-4123

Agency use only	Agency	Agency	Contact	Contract
Agency Number <u>0710</u>	Name <u>Department of Human Services</u>	Contact Person	Phone No.	or Grant No.



Infinity Therapy, LLC
7327 Worth Ave E.
Benton, AR 72019
501-909-4123
www.infinitytherapy.net

Infinity Therapy provides equal employment opportunities to all employees, subcontractors, and applicants. Infinity Therapy prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity, expression, or any other characteristic protected by federal, state or local laws.

Infinity Therapy will continue to make it understood by the employment entities with which it deals, and in employment opportunity announcements that the foregoing is company policy and all hiring and partner decisions are based on individual merit only.

It is the policy of Infinity Therapy to ensure and maintain a working environment free of coercion, harassment, and intimidation at all job sites, and in all facilities at which employees and subcontractors are assigned to work. Any violation of the policy should be immediately reported to the company CEO.

CEO Officer: Portia Carr, PhD., CCC-SLP

Portia Carr, PhD., CCC-SLP



**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

INFINITY THERAPY, LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office January 15, 2016.

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 11th day of October 2021.


John Thurston
Secretary of State

Online Certificate Authorization Code: 53a16e5afc398cb
To verify the Authorization Code, visit sos.arkansas.gov

Client # 2594780

MEMORANDUM OF INSURANCE

Date Issued 04/21/2021

Producer

Mercer Consumer, a service of
 Mercer Health & Benefits Administration LLC
 P.O. Box 14576
 Des Moines, IA 50306-3576
 1-800-375-2764

This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.

Insured

Portia S Carr
 7327 Worth Ave E
 Benton, AR 72019

Company Affording Coverage
 Liberty Insurance Underwriters Inc.

This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.
 The Memorandum of Insurance and verification of payment are your evidence of coverage. No coverage is afforded unless the premium is successfully paid in full.

Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability SpeechLangH SE Speech Language Pathologist	AHY-911311004	05/07/2021	05/07/2022	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$3,000,000

PROOF OF INSURANCE

Memorandum Holder:

PROOF OF COVERAGE ONLY

Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative
 Mark Brostowitz

Mark A. Brostowitz



AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION
2200 Research Boulevard • Rockville, MD 20850-3289

"Making effective communication, a human right,
accessible and achievable for all."

Portia S Carr

Affiliation Status: **Member**
Certification Status: **CCC-SLP**
SIGs:

12128887

12/31/2021

Account Number

Valid Through

Robert A. Peltanster
Chief Executive Officer



Arkansas Board of Examiners Speech-
Language Pathology and Audiology

Licensee: **Portia Carr**

License: **SP#2506**

Effective: **6/28/2021** Expires: **6/30/2022**

Elizabeth Williams

CHAIRMAN, BOARD OF EXAMINERS

Turnee Clark

TREASURER, BOARD OF EXAMINERS

Client # 2980874

MEMORANDUM OF INSURANCE

Date Issued 03/23/2021

Producer

Mercer Consumer, a service of
 Mercer Health & Benefits Administration LLC
 P.O. Box 14576
 Des Moines, IA 50306-3576
 1-800-375-2764

This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.

Insured

Kathleen R Frizzell
 6 Carmel Ln
 Little Rock, AR 72212

Company Affording Coverage
 Liberty Insurance Underwriters Inc.

This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.
 The Memorandum of Insurance and verification of payment are your evidence of coverage. No coverage is afforded unless the premium is successfully paid in full.

Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability SpeechLangH SE Speech Language Pathologist	AHY-103906410	04/04/2021	04/04/2022	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$3,000,000

PROOF OF INSURANCE

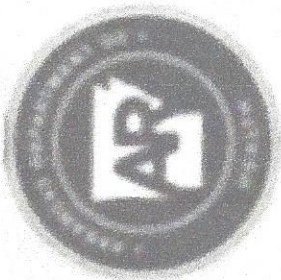
Memorandum Holder:

PROOF OF COVERAGE ONLY

Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative
 Mark Brostowitz

Mark A. Brostowitz



Arkansas Board of Examiners Speech-
Language Pathology and Audiology

Licensee: Kathleen Frizzell

License: SP#2893

Effective: 6/22/2021 Expires: 6/30/2022

Elizabeth Williams

CHAIRMAN, BOARD OF EXAMINERS

Annex Cloud

TREASURER, BOARD OF EXAMINERS



AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION
2200 Research Boulevard • Rockville, MD 20850-3289

"Making effective communication, a human right,
accessible and achievable for all."

Kathleen Reid Frizzell

Affiliation Status: Member
Certification Status: CCC-SLP
SIGs:

12131300

12/31/2021

Account Number

Valid Through

Adlene R. Pittenton
Chief Executive Officer

Client # 2821484

MEMORANDUM OF INSURANCE

Date Issued 01/14/2021

Producer

Mercer Consumer, a service of
 Mercer Health & Benefits Administration LLC
 P.O. Box 14576
 Des Moines, IA 50306-3576
 1-800-375-2764

This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.

Insured

April L Barnes
 4869 Tall Grass Drive
 Benton, AR 72019

Company Affording Coverage
 Liberty Insurance Underwriters Inc.

This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.
 The Memorandum of Insurance and verification of payment are your evidence of coverage. No coverage is afforded unless the premium is successfully paid in full.

Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability SpeechLangH SE Speech Language Pathologist	AHY-986438002	01/14/2021	01/14/2022	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$3,000,000

PROOF OF INSURANCE

Memorandum Holder:

PROOF OF COVERAGE ONLY

Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative
 Mark Brostowitz

Mark A. Brostowitz

Arkansas Board of Examiners in
Speech-Language Pathology & Audiology
4815 W. Markham, Slot 72
Little Rock, AR 72205

Receipt # 63608
Date 6/28/2021
For SP SP#2630
Amount \$56.96
License # SP#2630

April Barnes
4869 Tall Grass Dr.
Benton, AR 72019

Authorized Agent
Elizabeth Williams

Arkansas Board of Examiners in
Speech-Language Pathology & Audiology
4815 W. Markham, Slot 72
Little Rock, AR 72205

Receipt # 63608
Date 6/28/2021
For SP SP#2630
Amount \$56.96
License # SP#2630

April Barnes
4869 Tall Grass Dr.
Benton, AR 72019

Authorized Agent
Elizabeth Williams



Arkansas Board of Examiners Speech-
Language Pathology and Audiology

Licensee: April Barnes

License: SP#2630

Effective: 6/28/2021 Expires: 6/30/2022

Elizabeth Williams
CHAIRMAN, BOARD OF EXAMINERS

Aimee Cloud
TREASURER, BOARD OF EXAMINERS



AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION
2200 Research Boulevard • Rockville, MD 20850-3289

"Making effective communication, a human right,
accessible and achievable for all."

April L Barnes

Affiliation Status:

Member

Certification Status:

CCC-SLP

SLGs:

12101315

12/31/2021

Account Number

Valid Through

Ellen A. Rietter
Chief Executive Officer