

The State of Arkansas

Bid Number:- 710-21-0031
Certified Nursing Assistance (CNA)

Response Due: - June 18, 2021
1:00 p.m., Central Time

Infojini Technical Proposal
E-Copy



Submitted by: Infojini, Inc.
HQ: 10015 Old Columbia Rd, Suite B215
Columbia, MD 21046
Contact: Sandeep Harjani, President
Phone No: 443-257-0086
Fax No: 443-283-4249

Submitted To: Arkansas Department of Human
Services
Attn: Office of Procurement
112 West 8th Street, Slot W345
Little Rock, AR 72201

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Bid Signature Page

1. An official authorized to bind the vendor(s) to a resultant contract must sign the Bid Signature Page.

BID SIGNATURE PAGE

Type or Print the following information.

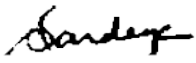
PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Infojini, Inc.				
Address:	10015 Old Columbia Rd, Suite B215				
City:	Columbia	State:	MD	Zip Code:	21046
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service 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 #: _____ * See Minority and Women-Owned Business Policy					

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for bid solicitation related matters.			
Contact Person:	Sandeep Harjani	Title:	President
Phone:	443-257-0086	Alternate Phone:	None
Email:	statebids@infojiniconsulting.com		

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:  Title: President
Use Ink Only.
Printed/Typed Name: Sandeep Harjani Date: June 14, 2021

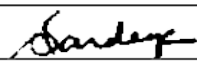
Vendor Agreement and Compliance
Section 1

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.

No exceptions

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

Vendor Name:	Infojini, Inc.	Date:	June 14, 2021
Signature:		Title:	President
Printed Name:	Sandeep Harjani		

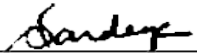
Section 2

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.

No exceptions

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

Vendor Name:	Infojini, Inc.	Date:	June 14, 2021
Signature:		Title:	President
Printed Name:	Sandeep Harjani		


Section 3

SECTION 3 - VENDOR AGREEMENT AND COMPLIANCE

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

No exceptions

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

Vendor Name:	Infojini, Inc.	Date:	June 14, 2021
Signature:		Title:	President
Printed Name:	Sandeep Harjani		

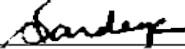
Section 4

SECTION 4 - VENDOR AGREEMENT AND COMPLIANCE

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

No exceptions

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

Vendor Name:	Infojini, Inc.	Date:	June 14, 2021
Signature:		Title:	President
Printed Name:	Sandeep Harjani		

Proposed Subcontractors Form

PROPOSED SUBCONTRACTORS FORM

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

No Subcontractor


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.

Vendor Name:	Infojini, Inc.	Date:	June 14, 2021
Signature:		Title:	President
Printed Name:	Sandeep Harjani		

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EO 98-04 Disclosure Form (Attachment A)

Contract Number 710-21-0031
Attachment Number A
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: Infojini, Inc.

Goods? ☐ Services? ☒ Both? ☐

YOUR LAST NAME: Harjani

FIRST NAME Sandeep

M.I.:

ADDRESS: 10015 Old Columbia Rd, Suite B215

CITY: Columbia

STATE: MD

ZIP CODE: 21046

COUNTRY: USA

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 MMYY	To MMYY	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?		
	Current	Former		From MMYY	To MMYY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

☒ None of the above applies

DHS Revision 11/05/2014

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Contract Number 710-21-0031

Attachment Number A

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  Title President Date June 14, 2021

Vendor Contact Person Sandeep Harjani Title President Phone No. (443) 257-0086

Agency use only

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

DHS Revision 11/05/2014

b. Copy of Vendor's Equal Opportunity Policy



EEO Policy

Policy# ER07

Last Reviewed: 10/1/2014

Approved by: HR

Objective

Infojini provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, Infojini complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

Infojini expressly prohibits any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of Infojini's employees to perform their job duties may result in discipline up to and including discharge.

Eligibility

All full- and part-time employees, as well as others who may from time to time be engaged in providing services to the company, such as temporary personnel, consultants and independent contractors, are covered under this policy.

Requirements

Infojini's is an equal opportunity employer. In accordance with anti-discrimination law, it is the purpose of this policy to effectuate these principles and mandates. Infojini prohibits discrimination and harassment of any type and affords equal employment opportunities to employees and applicants without regard to race, color, religion, sex, national origin, age, disability or genetic information. Infojini conforms to the spirit as well as to the letter of all applicable laws and regulations. Additionally, Infojini will take action to employ, advance

in employment and treat qualified Vietnam-era veterans and disabled veterans without discrimination in all employment practices.

The policy of equal employment opportunity (EEO) and anti-discrimination applies to all aspects of the relationship between Infojini and its employees, including:

- Recruitment.
- Employment.
- Promotion.
- Transfer.
- Training.
- Working conditions.
- Wages and salary administration.
- Employee benefits and application of policies.

The policies and principles of EEO also apply to the selection and treatment of independent contractors, personnel working on our premises who are employed by temporary agencies and any other persons or firms doing business for or with Infojini.

Directors, managers and supervisors are responsible for implementing equal employment practices within each department. The HR department is responsible for overall compliance and will maintain personnel records in compliance with applicable laws and regulations.

Infojini administers our EEO policy fairly and consistently by:

- Posting all required notices regarding employee rights under EEO laws in areas highly visible to employees.
- Advertising for job openings with the statement "An Equal Opportunity Employer—M/F/D/V."
- Posting all required job openings with the appropriate state agencies.
- Forbidding retaliation against any individual who files a charge of discrimination, opposes a practice believed to be unlawful discrimination, reports harassment, or assists, testifies or participates in an EEO agency proceeding.
- Requires employees to report to a member of management, an HR representative or the general counsel any apparent discrimination or harassment. The report should be made within 48 hours of the incident.
- Promptly notifies the general counsel of all incidents or reports of discrimination or harassment and takes other appropriate measures to resolve the situation.

Definitions

EEO

- Equal Employment Opportunity

Violations

Failure to comply with this policy will result in a disciplinary action up to and including immediate termination of employment.

c. Signed addenda to this IFB, if applicable

Infojini Response

No addendums

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d. Documentation that vendor meets the minimum qualifications outlined in this IFB. (See Minimum Qualifications.)

2.3 Minimum Qualifications

The vendor must meet the following requirements:

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.

6/2/2021

Arkansas Secretary of State



[Search Incorporations, Cooperatives, Banks and Insurance Companies](#)

Notice: This is only a preliminary search and no guarantee that a name is available for initial filing until a confirmation has been received from the Secretary of State after filing has been processed

[Printer Friendly Version](#)

LLC Member information is now confidential per Act 865 of 2007

Use your browser's back button to return to the Search Results

[Begin New Search](#)

For service of process contact the [Secretary of State's office](#).

Corporation Name	INFOJINI, INC.
Fictitious Names	
Filing #	811190290
Filing Type	Foreign For Profit Corporation
Filed under Act	Dom Bus Corp; 958 of 1987
Status	Good Standing
Principal Address	10015 OLD COLUMBIA ROAD COLUMBIA, MD 21046
Reg. Agent	C T CORPORATION SYSTEMS
Agent Address	124 WEST CAPITOL AVENUE SUITE 1900 LITTLE ROCK, AR 72201
Date Filed	01/14/2019
Officers	SANDEEP HARJANI , Incorporator/Organizer SANDEEP HARJANI , President SANDEEP HARJANI , Secretary SANDEEP HARJANI , Treasurer
Foreign Name	N/A
Foreign Address	10015 OLD COLUMBIA ROAD STE B215 COLUMBIA, MD 21046
State of Origin	MD

[Purchase a Certificate of Good Standing for this Entity](#)

[Pay Franchise Tax for this corporation](#)

https://www.sos.arkansas.gov/corps/search_corps.php?DETAIL=519298&corp_type_id=&corp_name=infojini&agent_search=&agent_city=&agent_stat... 1/1

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.***

THIS CERTIFIES THAT		
Infojini, Inc. DBA Infojini Inc.		
* Nationally certified by the: CAPITAL REGION MINORITY SUPPLIER DEVELOPMENT COUNCIL (MD/DC MSDC)		
*NAICS Code(s): <u>518210; 541511; 541512; 541513; 541519; 541611; 561311; 561312; 611420; 611430</u>		
* Description of their product/services as defined by the North American Industry Classification System (NAICS)		
<u>12/06/2019</u> Issued Date	<u>CR21366</u> Certificate Number	
<u>12/31/2020</u> Expiration Date	 Louis Green	 Sharon Pinder, President
By using your password (NMSDC issued only), authorized users may log into NMSDC Central to view the entire profile: http://nmsdc.org		
Certify, Develop, Connect, Advocate.		
* This MBE is certified by an Affiliate of the National Minority Supplier Development Council, Inc.®		

Bid Number: - 710-21-0031
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- *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.*

Infojini Response

Below is the roster for available qualified Infojini personnel

Description	Location	Job Time	Available Qualified Personnel
Certified Nursing Assistance (CNA)	Arkadelphia	Weekday 6:00am-6:00pm	18 +
		Weekday 6:00pm-6:00am	14 +
		Weekend (6:00pm Friday thru 6:00am Monday)	10 +
		Holiday*	10 +
Certified Nursing Assistance (CNA)	Booneville	Weekday 6:00am-6:00pm	19 +
		Weekday 6:00pm-6:00am	17 +
		Weekend (6:00pm Friday thru 6:00am Monday)	15 +
		Holiday*	15 +
Certified Nursing Assistance (CNA)	Conway	Weekday 6:00am-6:00pm	18 +
		Weekday 6:00pm-6:00am	14 +
		Weekend (6:00pm Friday thru 6:00am Monday)	10 +
		Holiday*	10 +
Certified Nursing Assistance (CNA)	Jonesboro	Weekday 6:00am-6:00pm	19 +
		Weekday 6:00pm-6:00am	17 +
		Weekend (6:00pm Friday thru 6:00am Monday)	15 +
		Holiday*	15 +
Certified Nursing Assistance (CNA)	Southeast	Weekday 6:00am-6:00pm	18 +
		Weekday 6:00pm-6:00am	14 +
		Weekend (6:00pm Friday thru 6:00am Monday)	10 +
		Holiday*	10 +

- *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.*

Reference 1

Name of Customer	Einstein Healthcare
Contact Person Name	Joseph Fernandez, Project Manager
Address	5501 Old York Road, Philadelphia, Pennsylvania
E-Mail	jfernandez@zerochaos.com
Contact Number	215-456-8678
Description of the activities under the contract	Infojini is providing Healthcare Staffing Services. Temporary healthcare personnel are on an as-needed basis. <ul style="list-style-type: none">• Certified Nursing Assistance (CNA)• Nurse Practitioners• RNs
Contract duration	May 2017 - Present
Contract value	\$510,000

Reference 2

Name of Customer	AMN Healthcare
Contact Person Name	ERICA Decasto, Project Manager
E-Mail	Erica.DeCastro@amnhealthcare.com
Address	12400 High Bluff Dr, San Diego, CA 92130
Contact Number	972-505-7861
Description of the activities under the contract	Infojini provided Temporary Nursing services for the following positions <ul style="list-style-type: none">• Certified Nursing Assistance (CNA)• RNs• LPNs/LVNs
Contract duration	Aug 2018 - Present
Contract value	\$715,562

The State of Arkansas

Bid Number:- 710-21-0031
Certified Nursing Assistance (CNA)

Response Due: - June 18, 2021
1:00 p.m., Central Time

Infojini Price Proposal
E-Copy



Submitted by: Infojini, Inc.
HQ: 10015 Old Columbia Rd, Suite B215
Columbia, MD 21046
Contact: Sandeep Harjani, President
Phone No: 443-257-0086
Fax No: 443-283-4249

Submitted To: Arkansas Department of Human
Services
Attn: Office of Procurement
112 West 8th Street, Slot W345
Little Rock, AR 72201

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Official Bid Price Sheet..... 3

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Official Bid Price Sheet

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

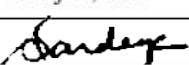
Respondent proposes to do the work described in the "Scope of Work: of this IFB at the following proposed rate during the anticipated contract period: Bid rate are to be all inclusive there shall be no separate pay for travel or mileage.

DESCRIPTION	RATE TYPE	BID RATE PER HOUR
Certified Nursing Assistant	Weekday 6:00am-6:00pm	\$ 38.00
	Weekday 6:00pm-6:00am	\$ 38.00
	Weekend (6:00pm Friday thru 6:00am Monday)	\$ 57.00
	Holiday*	\$ 57.00

** 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: Infojini, Inc.	Date: June 14, 2021
Signature: 	Title: President
Printed Name: Sandeep Harjani	