

***BID RESPONSE PACKET***  
***710-24-015***

## Search Incorporations, Cooperatives, Banks and Insurance Companies

Printer Friendly Version

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Back to Search Form

Records Returned: 3

Name

INTEGRITY CLEANING INCORPORATED

INTEGRITY, INC.

INTEGRITY, INC. CONTRACTORS OF LOUISIANA

Showing 1 to 3 of 3 entries



### Details

Printer Friendly Version

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

LLC Member information is now confidential per Act 855 of 2007

For access to our corporations bulk data download service [click here](#).

Corporation Name

INTEGRITY, INC.

Fictitious Names

—

Filing #

100076403

Filing Type

Nonprofit Corporation

Filed Under Act

Dom Nonprofit Corp. 1147 of 1993

Status

Good Standing

Principal Address

6124 NORTHMOOR LITTLE ROCK, AR 72204

Reg. Agent

WICKI GRANTHAM

Agent Address

6124 NORTHMOOR LITTLE ROCK, AR 72204

Date Filed

03/24/1989

Officers

WICKI GRANTHAM, Principal

KRISTIN ANDERSON, Director

JOHN RHODES, Director

ABBE MINOR, Director

WICKI GRANTHAM, Incorporator/Organizer

SHIRLEY ROLLANS, Incorporator/Organizer

LINDA BROWN, Incorporator/Organizer

OLIVE COWLINGS, Incorporator/Organizer

Foreign Name

—

Foreign Address

—

State of Origin

AR

State

Status

AR

Forfeited Charter

AR

Good Standing

AR

Good Standing



## Details

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

LLC Member information is now confidential per Act 865 of 2007

For access to our corporations bulk data download service [click here](#).

Corporation Name  
INTEGRITY, INC.

Fictitious Names  
—

Filing #  
100076403

Filing Type  
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Principal Address  
6124 NORTHMOOR LITTLE ROCK, AR 72204

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LINDA BROWN, Incorporator/Organizer

OLIVE COWLINGS, Incorporator/Organizer  
VICKI GRANTHAM, Incorporator/Organizer

Foreign Name

—

Foreign Address

—

State of Origin

AR

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

[Submit a Nonprofit Annual Report](#)

[Change this Corporation's Address](#)





# Community and Employment Support Waiver License

## Arkansas Department of Human Services

This license is awarded to

INTEGRITY, INC

12/01/2023-3/31/2024

### Approved Services

<input type="checkbox"/>	Community Transition Services
<input type="checkbox"/>	Consultation Services
<input type="checkbox"/>	Crisis Intervention
<input type="checkbox"/>	Environmental Modifications / Adaptive Equipment
<input type="checkbox"/>	Specialized Medical Supplies
<input checked="" type="checkbox"/>	Supplemental Support
<input checked="" type="checkbox"/>	Supported Employment
<input checked="" type="checkbox"/>	Supportive Living / Respite

<input type="checkbox"/>	Arkansas	<input type="checkbox"/>	Chicot	<input type="checkbox"/>	Crittenden
<input type="checkbox"/>	Ashley	<input type="checkbox"/>	Clark	<input type="checkbox"/>	Cross
<input type="checkbox"/>	Baxter	<input type="checkbox"/>	Clay	<input type="checkbox"/>	Dallas
<input type="checkbox"/>	Benton	<input type="checkbox"/>	Cleburne	<input type="checkbox"/>	Desha
<input type="checkbox"/>	Boone	<input type="checkbox"/>	Cleveland	<input type="checkbox"/>	Drew
<input type="checkbox"/>	Bradley	<input type="checkbox"/>	Columbia	<input checked="" type="checkbox"/>	Faulkner
<input type="checkbox"/>	Calhoun	<input type="checkbox"/>	Conway	<input type="checkbox"/>	Franklin
<input type="checkbox"/>	Carroll	<input type="checkbox"/>	Craighead	<input type="checkbox"/>	Fulton
<input type="checkbox"/>	Chicot	<input type="checkbox"/>	Crawford	<input type="checkbox"/>	Garland

<input checked="" type="checkbox"/>	Community Transition Services
<input checked="" type="checkbox"/>	Consultation Services
<input type="checkbox"/>	Crisis Intervention
<input checked="" type="checkbox"/>	Environmental Modifications / Adaptive Equipment
<input checked="" type="checkbox"/>	Specialized Medical Supplies
<input checked="" type="checkbox"/>	Supplemental Support
<input checked="" type="checkbox"/>	Supported Employment
<input checked="" type="checkbox"/>	Supportive Living / Respite

<input type="checkbox"/>	Johnson	<input type="checkbox"/>	Marion	<input type="checkbox"/>	Phillips	<input type="checkbox"/>	Scott	<input type="checkbox"/>	Washington
<input type="checkbox"/>	Lafayette	<input type="checkbox"/>	Miller	<input type="checkbox"/>	Pike	<input type="checkbox"/>	Searcy	<input type="checkbox"/>	White
<input type="checkbox"/>	Lawrence	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	Poinsett	<input type="checkbox"/>	Sebastian	<input type="checkbox"/>	Woodruff
<input type="checkbox"/>	Lee	<input type="checkbox"/>	Monroe	<input type="checkbox"/>	Polk	<input type="checkbox"/>	Servier	<input type="checkbox"/>	Yell
<input type="checkbox"/>	Lincoln	<input type="checkbox"/>	Mongomery	<input type="checkbox"/>	Pope	<input type="checkbox"/>	Sharp	<input type="checkbox"/>	Statewide
<input type="checkbox"/>	Little River	<input type="checkbox"/>	Nevada	<input type="checkbox"/>	Prairie	<input type="checkbox"/>	St. Francis	<input type="checkbox"/>	
<input type="checkbox"/>	Logan	<input checked="" type="checkbox"/>	Newton	<input checked="" type="checkbox"/>	Pulaski	<input type="checkbox"/>	Stone	<input type="checkbox"/>	
<input type="checkbox"/>	Lonoke	<input type="checkbox"/>	Ouachita	<input type="checkbox"/>	Randolph	<input type="checkbox"/>	Union	<input type="checkbox"/>	
<input type="checkbox"/>	Madison	<input checked="" type="checkbox"/>	Perry	<input checked="" type="checkbox"/>	Saline	<input type="checkbox"/>	Van Buren	<input type="checkbox"/>	

### 2ND EXTENSION

### Organized Health Care Delivery System Services



**Division of Developmental Disabilities Services**  
1200 East Broadway: P.O. Box 899 Forrest City, AR 72335-  
Office: 870-261-6668 Fax: 870-633- 8412 State Cell: 870-270-1732

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January 8, 2024

Integrity, Inc  
6124 Northmoor  
Little Rock, AR  
72204  
Attn: V. Grantham

Your license for Community and Employment Services (CES) Waiver services expired, 06/30/2023 and DDS has not been out to conduct your yearly license review currently. Therefore, a 2<sup>nd</sup> Extension will be granted to allow DDS time to schedule your review.

2<sup>nd</sup> Extension 12/01/2023- -3/31/2-24  
1<sup>st</sup> Extension 07/01/2023 - 11/30/2023.

If you have any questions, please contact Lynn Davenport at 870-261-6668  
[Louella.Davenport@DHS.Arkansas.Gov](mailto:Louella.Davenport@DHS.Arkansas.Gov)

Sincerely,

*Lynn Davenport*  
DHS/DDS Program Manager

CC: File  
Regina Davenport, DDS Assistant Director  
Lynn Davenport, DDS Program Manager, DHS/DDS PASSE QA/ NCI Unit

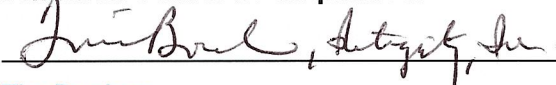
# BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Integrity, Inc.			
Address:	6124 Northmoor Dr.			
City:	Little Rock	State:	AR	Zip Code: 72204
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit			
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American			
AR Certification #: _____ * See Minority and Women-Owned Business Policy				
PROSPECTIVE CONTRACTOR CONTACT INFORMATION				
<i>Provide contact information to be used for bid solicitation related matters.</i>				
Contact Person:	Tim Bordsen	Title:	Program Director	
Phone:	501-420-3035	Alternate Phone:	501-681-5380	
Email:	tbordsen@integrityinc.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:

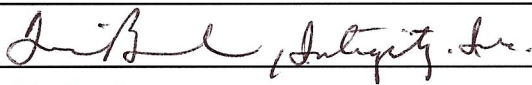
Authorized Signature:  Title: Program Director  
 Printed/Typed Name: Tim Bordsen Date: 2/26/2024



## **SECTIONS 1 - 4 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 the bid solicitation.

<b>Vendor Name:</b>	Integrity, Inc.	<b>Date:</b>	2/26/2024
<b>Signature:</b>		<b>Title:</b>	Program Director
<b>Printed Name:</b>	Tim Bordsen		

## 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 2.2 Minimum Qualifications in the solicitation document, please provide the following:*

- Active registration from the Arkansas Secretary of State's Office, or other state approved documentation
- Copy of certification (Community Support System Provider (CSSP) or Community Employment (CES) Waiver Agency)
- 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 Grant and Contract Disclosure Form (Attachment A)





Department of Transformation and Shared Services

Governor Sarah Huckabee Sanders

Secretary Joseph Wood

Director Edward Armstrong

## CERTIFICATION FOR BOYCOTT AND ILLEGAL IMMIGRANT RESTRICTIONS

Pursuant to Arkansas law, a vendor must submit the below certifications prior to entering into a contract with a public entity for an amount as designated by the applicable laws.

**1. Israel Boycott Restriction:** For contracts valued at \$1,000 or greater.

A public entity shall not enter into a contract with a company unless the contract includes a written certification that the person or company is not currently engaged in a boycott of Israel. If at any time after signing this certification the contractor decides to engage in a boycott of Israel, the contractor must notify the contracting public entity in writing.

See Arkansas Code Annotated § 25-1-503.

**2. Illegal Immigrant Restriction:** For contracts exceeding \$25,000.

No state agency may enter into or renew a public contract for services with a contractor who employs or contracts with an illegal immigrant. A contractor shall certify that it does not employ, or contract with, illegal immigrants.

See Arkansas Code Annotated § 19-11-105.

**3. Energy, Fossil Fuel, Firearms, and Ammunition Industries Boycott Restriction:**

For contracts valued at, or exceeding, \$75,000.

A public entity shall not enter into a contract with a company unless the contract includes a written certification that the person or company is not currently engaged in, and agrees for the duration of the contract not to engage in, a boycott of an Energy, Fossil Fuel, Firearms, or Ammunition Industry. If a company does boycott any of these industries, see Arkansas Code Annotated § 25-1-1102.

By signing this form, the contractor agrees and certifies that it does not, and shall not for the remaining aggregate term of the contract, participate in the activities checked below:

- ☒ Do not boycott Israel.
- ☒ Do not employ illegal immigrants.
- ☒ Do not boycott Energy, Fossil Fuel, Firearms, or Ammunition Industries.

Contract Number & Description	
Name of Public Entity	
Name of Vendor/Contractor	Integrity, Inc.
AASIS Vendor Number	

*Julia Handley*  
Contractor Signature

2/23/2024

Date

Office of State Procurement

501 Woodlane Street, Suite 220 \* Little Rock, AR 72201 \* 501.324.9316

### **SECTION 3**

#### **APPLICATION/HIRING PROCESS**

Personnel procedures are available in written form to employees as required by 42 U.S.C., section 12101 et Seq. Americans with Disabilities Act. These include but are not limited to:

- A. Hiring and promotional procedures which are nondiscriminatory by reason of sex, age, disability, creed, marital status, ethnic, or national membership.
- B. A procedure for discipline, suspension, and/or dismissal of staff which includes opportunities for appeal.
- C. An appeals procedure allowing for objective review of concerns and complaints.

A copy of the organization policy manual is available in the office lobby or in the Human Resources office for all employees.

Integrity, Inc. will employ persons who are best qualified by training, ability, experience, demonstrated competence and interest in performing the responsibilities of each position. The agency shall review applicants on a regular basis so that Integrity has a bank of applicants available to maintain adequate personnel for safety for the individuals the agency serves. Staff is recruited by word of mouth, online recruitment companies, in newspapers, and by posting internally. A monthly report shall indicate the number of new hire/terminations for the month. The agency will do a periodic review of tenure of existing employees. Position vacancies shall be posted.

Personal files will be kept on contract employees/volunteers/interns. All employees shall have a personnel file. This file shall contain all documents

State of Arkansas  
DEPARTMENT OF HUMAN SERVICES  
700 South Main Street  
P.O. Box 1437 / Slot W345  
Little Rock, AR 72203

**ADDENDUM 1**

**TO:** All Addressed Vendors  
**FROM:** Office of Procurement  
**DATE:** February 20, 2024  
**SUBJECT:** 710-24-0015 Developmental Disability Services

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The following change(s) to the above referenced IFB have been made as designated below:

- ☒ Change of specification(s)
- ☐ Additional specification(s)
- ☒ Change of bid opening date and time
- ☐ Cancellation of bid
- ☒ Other

---

**CHANGE OF SPECIFICATION(S)**

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- Section 2.3.J – remove and replace with the following:

The Contractor shall work in conjunction with the family and DCFS to ensure the child placed received adequate and appropriate educational services in compliance with Arkansas and Federal law, including Department of Education (DOE) rules and regulations.

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**OTHER**

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- Section 2.3.K.2 – move this language from 2.3.K.2 and add Section 2.3.S

The Contractor must meet DHS/DCFS Minimum Licensing Standards for Child Welfare Agencies ([https://humanservices.arkansas.gov/wp-content/uploads/PUB\\_04\\_A.pdf](https://humanservices.arkansas.gov/wp-content/uploads/PUB_04_A.pdf)), incorporated herein by reference, in addition to any other training.

- a. Foster parents must follow the provisions of the Resource Parent Handbook (Attachment I)
- b. Foster parents must be trained in a curriculum specific to the population that they are serving.
- c. Foster parents must be trained in CPR/First Aid as prescribed by the American Red Cross or the American Heart Association.
- d. If child is placed in an Alternative Living arrangement, Contractor shall employ, train, and maintain enough appropriately trained staff persons to meet the child's need for supervision twenty-four (24) hours a day.
- e. The Contractor must provide on-going training and support to foster parents and caregivers to ensure health, safety, and well-being of child.
- f. The Contractor must maintain up-to-date training records detailing training provided for all employees.

- Official Bid Price Sheet – remove and replace with the Revised Official Bid Price Sheet

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**CHANGE OF BID OPENING DATE/TIME**

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- Bid submission date and time changed to: March 1, 2024, 1:00 pm Central Time.
- Bid opening date and time changed to: March 1, 2024, 2:00 pm Central Time

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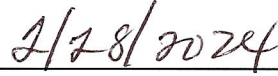
The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your proposal.



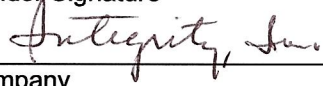
If you have any questions, please contact: David King, [DHS.OP.Solicitations@dhs.arkansas.gov](mailto:DHS.OP.Solicitations@dhs.arkansas.gov) at (501) 683-6456.



Vendor Signature



Date



Company

State of Arkansas  
DEPARTMENT OF HUMAN SERVICES  
700 South Main Street  
P.O. Box 1437 / Slot W345  
Little Rock, AR 72203

**ADDENDUM 2**

**TO:** All Addressed Vendors  
**FROM:** Office of Procurement  
**DATE:** February 23, 2024  
**SUBJECT:** 710-24-0015 Developmental Disability Services

---

The following change(s) to the above referenced IFB have been made as designated below:

\_\_\_\_\_ Change of specification(s)  
\_\_\_\_\_ Additional specification(s)  
\_\_\_\_\_ Change of bid opening date and time  
\_\_\_\_\_ Cancellation of bid  
☒ Other

---

**OTHER**

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**3.1 Payment and Invoice Provisions - Add the following:**

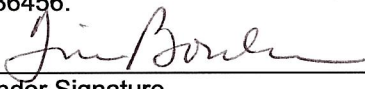
The Contractor **shall** only bill against the resulting contract for services denied by the PASSE, clients who have been denied acceptance into the PASSE, or for clients who are not eligible or have been denied Medicaid. Contractor **must** provide documentation of PASSE denial with monthly invoicing.

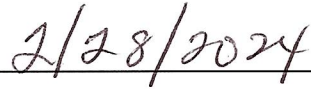
Services shall be provided to all children as defined in Section 2.3.A. However, the Contractor **shall** seek payment through Medicaid and/or Provider-Led Shared Services Entity (PASSE) for those enrolled in the PASSE or on CES waiver prior to billing on the resulting contract. Services provided to those not enrolled in the PASSE or not on CES waiver are billable under the resulting contract.

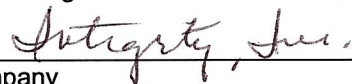
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The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: David King, [DHS.OP.Solicitations@dhs.arkansas.gov](mailto:DHS.OP.Solicitations@dhs.arkansas.gov) at (501) 6836456.

  
\_\_\_\_\_  
Vendor Signature

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Company

Contract Number \_\_\_\_\_  
Attachment Number \_\_\_\_\_  
Action Number \_\_\_\_\_  
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.

## CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

SUBCONTRACTOR: \_\_\_\_\_  
SUBCONTRACTOR NAME: \_\_\_\_\_

☐ Yes ☒ No

IS THIS FOR:

TAXPAYER ID NAME: Integrity, Inc.

Goods? ☐ Services? ☒ Both? ☐

FIRST NAME Vicki

M.I.: A

YOUR LAST NAME: Grantham

ADDRESS: 6124 Northmoor Dr.

ZIP CODE: 72204

STATE: AR

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.]	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 % of ownership interest and/or what is his/her position of control?	
	Current	Former		From MM/YY	To MM/YY	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



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 *Tulkei Handlin* Title Executive Director Date 2/23/2024

Vendor Contact Person TIm Bordsen Title Program Director Phone No. (501) 420-3035

Agency use only

Agency 0710

Name Department of Human Services

Agency

Contact Person

Contact

Phone No.

Contract

or Grant No.