BID RESPONSE PACKET 710-22-0017

BID SIGNATURE PAGE

Type or Print the	following information. PROSPECTIV	E CONTR	CTOR'S INC		TION		
Company							
Company:	Martin 1.	Faita	e, M.D.,	In	с.		1
Address:	Martin T. 204 N. Ed Fayetteville	257 AU	enue	et al la la			
City:	FayeHeville		State:		AR	Zip Code:	7270/
Business Designation:	□ Individual □ Sole Proprietorship □ Public Service Corp □ Partnership ズ Corporation □ Nonprofit						
Minority and	Not Applicable American Indian Service Disabled Veteran						
Women-Owned	□ African American □ Hispanic American □ Women-Owned						
Designation*:	□ Asian American	□ Pacific I	slander Americ	can			
and the second second	AR Certification #:		_ * See Mind	ority a	nd Won	nen-Owned Bu	usiness Policy
	PROSPECTIVE CO						
0.1.1.0	Provide contact information						Aart
Contact Person:	Martin T. Fait 479-442-0743 Mfaitak @	ak			Psyc	hologist /. - 263-2:	President
Phone:	979-942-0763		Alternate Phot	ne:	479.	- 263-23	292
Email:	Mtaitak @	gahoo.	Сом				
	CONFIRM	MATION O	F REDACTED	COP	Y		
NO, a redacte submission do Note:If a redacte packet, and data (other	ed copy of submission docu d copy of submission docun ocuments will be released if ed copy of the submission do d neither box is checked, a c than pricing), will be release ion Act (FOIA). See Bid Sol	nents is <u>no</u> requested. couments is copy of the ed in respo	t enclosed. I u s not provided non-redacted nse to any req	with F docun uest n	Prospect nents, w nade ur	tive Contracto vith the except	r's response ion of financia
			NT CONFIRM	Managements			
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	rized to bind the Prospect					· · · · · · · · · · · · · · · · · · ·	
Solicitation will ca	ow signifies agreement that use the Prospective Cont	ractor's bi	d to be disqua	alified	:		
uthorized Signa	ature: Martin J.; ame: MARTIN T. P	Taital	AlsT	itle: _	PE	chologist 127/202	
rinted/Typed Na	ame: MARTIN T. P	FAITAK	P4. D. D	ate: _	2	27/202	2

Competitive Bid Response Packet 710-22-0017 Page 2 of 5

SECTIONS 1 - 4 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.

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

Vendor Name:	MARTIN T. FAITAK, PH.D, I	The Date:	2/27/2022
Signature:	Martin J. Faitak No	Title:	Psychologist
Printed Name:	MARTIN T. FAITAK, D4	l.D.	

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

	3
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PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

Contract Number	TIFICATION FORM grant award with any Arkansas State Agency.
TAXPAYER ID NAME: Martin T. Faital, M. D. Good	HIS FOR: Goods? □ Services? ☑ Both? □
Faitak FIRST NAME Martin	:TW
Zey N. East Avenue	
Faye	TOI COUNTRY: CASA
A CONDITION OF OBTAINING, EXTENDING, AMEN GRANT AWARD WITH ANY ARKANSAS STATE A	IDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT. GENCY, 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:	er of the General Assembly, Constitutional Officer, State Board or Commission
Mark (√) Name of Position of Job Held 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 board/ commission, data entry, etc.] From To MM/YY MM/YY	Person's Name(s) Relation
General Assembly	
Constitutional Officer	
State Board or Commission Member	
State Employee	
X None of the above applies	
FOR AN ENTITY (BUSIN	NESS)*
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 Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, 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.	10% or greater in the entity: member of the General Assembly, Constitutional he General Assembly, Constitutional Officer, State Board or Commission ent of the entity.
Mark (v) Name of Position of Job Held For How Long?	and what is his/her % of is his/her position of cont
Position Heid Towner Former board/commission, data entry, etc.] MM/YY MM/YY	Person's Name(s) Ownership Position of Interest (%) Control
General Assembly	
Constitutional Officer	
State Board or Commission Member	
State Employee	
None of the above applies	

DHS Revision 11/05/2014

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 ovailable 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 BRANT Disclosure AND CERTIFICATION FORM completed by the subcontractor and a statement containing the dolar amount of the subcontract to the state agency. 1. Or 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 to the state agency. 1. To product the state agency. 1. Tetrify under penalty of perfury, 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 Martin, J. Fadda, Martine, Title Vendor Contact Person Martin, J. Ladda, Martine, Title Agency use only Agency Man Department of human Services Contact Ontract Martine, Martine, Tradad, Fridad, Fridad, Sont	 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. 	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 adopted pursuant to 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, or renewing a contract with a state agency I agree as follows:	Attachment Number Contract and Grant Disclosure and Certification Form
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.		 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. I will include the following language as a part of any agreement with a subcontractor: 	

Contract Number

DHS Revision 11/05/2014

MARTIN T. FAITAK, PH.D.

CLINICAL PSYCHOLOGIST

204 N. EAST AVENUE FAYETTEVILLE, AR 72701

Bid Response Packet 710-22-0017

Section 2 - Minimum Qualifications

Service Delivery Location

All services will be provided during normal state work hours Monday through Friday exclusive of holidays and vacation days at the office located at 204 N. East Avenue in Fayetteville, Arkansas. Dr. Faitak will provide immediate notice of any anticipated reason for delay in service delivery.

Registration to do Business in the State of Arkansas

Dr. Faitak is registered with the Arkansas Secretary of State as doing business under the corporation Martin T. Faitak, Ph.D., Inc. This company was established in 1997. Please see attached documentation.

License

Dr. Faitak has been licensed in the state of Arkansas as a Psychologist since April, 1988 (License # 88-12P). Please see attached license.

Experience

Dr. Faitak has been providing psychological evaluations as a Psychologist since 1988. He has been providing psychological evaluations for the Arkansas Department of Human Services since 1997. In that time, he has successfully completed hundreds of evaluations. Please see attached Vita.

Scope of work

Dr. Faitak will provide psychological evaluations to clients referred by DCFS or the court in accordance with APA guidelines for psychological assessment and evaluation. Evaluations of children will focus on the child's psychological well-being, recommended therapeutic interventions, the impact of parental behaviors, the potential psychological effect of reunification, and the potential psychological effect of separation. Evaluations of parents will focus on their capacity for parenting, their psychological attachment to the child, functional

abilities, recommended therapeutic interventions, and the likelihood of success of those interventions.

Referrals

Dr. Faitak will only accept referrals for psychological evaluations made by the DCFS County Supervisor or designee.

Scheduling

Dr. Faitak will schedule psychological evaluations as soon as referrals are received. He will notify the caseworker no later than 3 hours after the scheduled appointment time if a client does not keep the appointment. If a client fails to keep two consecutive scheduled appointments, Dr. Faitak will submit a written notice to the DCFS financial coordinator and DCFS caseworker. If an evaluation cannot be completed for any reason, Dr. Faitak will notify the DCFS financial coordinator and DCFS caseworker.

Psychological Evaluations

Dr. Faitak will verify availability of funding prior to beginning the psychological evaluation process. He will focus on determining the presence of abuse or neglect by the parents as well as whether interventions have been successful. He will focus on rehabilitation recommendations for children designed to protect the child and help the family. He will make recommendations for interventions that will improve the psychological and physical well-being of the child and that will allow for safe reunification of the child with the parent. Dr. Faitak will conduct the evaluation within 30 business days after receiving the referral and contact DCFS if this is not possible. He will notify the designated program manager when services will be suspended for 3 consecutive business days due to illness, vacation, or any other reason. Dr. Faitak will use multiple methods of data gathering including clinical interviews, observation, and psychological testing that are sufficient to substantiate his findings appropriately and adequately.

Results

Dr. Faitak will submit typewritten results of the psychological evaluations to the DCFS County supervisor within 15 working days of completing the evaluation. He will coordinate completion dates with DCFS. The written report will serve as a written summary of the findings and recommendations of the evaluation.

Court testimony

Dr. Faitak will provide expert court testimony concerning the psychological evaluation upon DCFS request. He will make himself available to provide depositions, meet with legal counsel, and attend court appearances. He will bill for expert testimony for court attendance by case and not per family member.

Records

Dr. Faitak shall maintain records documenting the total number of recipients and names of recipients to whom services were provided, the dates the services were provided, and a monthly summary outlining services.

Employee background requirements

Dr. Faitak will ensure that any employee having contact with the client has not been convicted of a crime or listed as an offender or perpetrator on the child maltreatment central registry, the adult abuse central registry, or the certified nursing assistant/employment clearance registry.

Performance standards

Dr. Faitak will meet all criteria provided in *Attachment C: Performance-based Contracting* regarding deliverables, performance measures and outcomes, and the standards which must be met to avoid assessment of damages. He understands that the State may be open to negotiations of performance standards or modify, change, or delete performance standards throughout the term of the contract. He understands that failure to meet the minimum performance standards may result in the assessment of damages or termination of the contract.

Martin J. Fartak Ab

Martin T. Faitak, Ph.D. Psychologist President, Martin T. Faitak, Ph.D., Inc.

2/27/2022

Date

MARTIN T. FAITAK, PH.D.

CLINICAL PSYCHOLOGIST

204 N. EAST AVENUE FAYETTEVILLE, AR 72701

Martin T. Faitak, Ph.D., Inc.

Equal Opportunity Policy

Martin T. Faitak, Ph.D., Inc., provides equal employment opportunities to all employees and applicants for employment and 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 or expression, or any other characteristic protected by federal state or local laws.

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.

Martin T. Taital Phy

Martin T. Faitak, Ph.D., President

2/25/2022

Date

ARTICLES OF INCORPORATIO OF

Martin T. Faitak, Ph.D., Inc.

The undersigned person hereby states the following in order to form a corporation pursuant to Arkansas Business Corporation Act 958 of 1987:

1. The name of the corporation is Martin T. Faitak, Ph.D., Inc.

2. The corporation is authorized to issue:

A. Ten Thousand (10,000) shares of Voting Common Stock and each share shall have no par value.

B. Ten Thousand (10,000) shares of Non-Voting Common Stock and each share shall have no par value.

3. The initial registered office of this corporation shall be located at 204 N. East Avenue, Fayetteville, Arkansas 72701, and the name of the registered agent of this corporation at that address is Martin T. Faitak, Ph.D.

4. The name and address of the Incorporator is Martin T. Faitak, Ph.D., 204 N. East Avenue, Fayetteville, AR 72701.

5. The nature of the business of the corporation and the object or purpose proposed to be transacted, promoted or carried on by it are as follows:

(a) The primary purpose of the corporation shall be to render to individuals or

to the public any service involving the application of recognized principles,

methods, and procedures of the science and profession of psychology and counseling;

- (b) To conduct any other business enterprise not contrary to law; and
- To exercise all of the powers enumerated in §4-27-302 of the Arkansas
 Business Corporation Act.

6. The President, Vice-President and Secretary/Treasurer of the corporation shall have the authority on behalf of the corporation to enter into any contract between the corporation and all of its shareholders (a) imposing restrictions on the future transfer [whether inter vivos, by inheritance or testamentary gift], hypothecation or other disposition of its shares; (b) granting purchase options to the corporation or its shareholders; or (c) requiring the corporation or its shareholders to purchase such shares upon stated contingencies.

The number of Directors constituting the initial Board of Directors shall be one.
 The sole member of the initial Board of Directors is Martin T. Faitak, Ph.D., and his address is
 204 N. East Avenue, Fayetteville, AR 72701.

8. The effective date of Incorporation shall be January 1, 1998, and the corporation's existence shall be perpetual.

9. All shareholders are entitled to cumulate their votes for Directors.

10. This corporation elects to have preemptive rights.

11. A quorum at any meeting of the shareholders of the corporation shall consist of fifty-one percent (51%) or more of the shares entitled to cast votes on the matter, represented in person or by duly authorized proxy at such meeting.

12. The Board of Directors shall not reissue shares acquired by the corporation in any

-2-

manner. Upon the acquisition of issued shares, the number of authorized shares of the corporation shall be reduced by the number of shares acquired, effective upon amendment of the Articles of Incorporation. The Board of Directors may adopt articles of amendment under this provision without shareholder action and deliver them to the Secretary of State for filing.

13. No Director shall be removed during the term of his office by the shareholders unless the director engaged in fraudulent or dishonest conduct or gross abuse of his authority or discretion, with respect to the corporation.

14. The shareholders shall fix the compensation of Director(s).

15. The Board of Director meetings may be conducted without the physical presence of the participating directors, e.g. telephone conference calls, etc., or directors may take action without a meeting unless this provision is Included in the Articles of Incorporation or Bylaws.

These Articles of Incorporation consisting of three (3) numbered pages dated and signed this <u>25</u> day of <u>November</u>, 1997.

Martin J. Faitok MD

Martin T. Faitak, Ph.D., Incorporator

Arkansas Psychology Board

101 E. Capitol Avenue, Suite 415 Little Rock

Martin T. Faitak 204 N. East Avenue Fayetteville, AR 72701

STATE OF ARKANSAS



ARKANSAS PSYCHOLOGY BOARD

Attests that

Martin T. Faitak

Is licensed as a

Psychologist - Active Status

4/22/1988

6/30/2022

88-12P

Date Issued

Expiration Date

License Number

Ψ		101 E. Capit Little Rock, (501)	CHOLOG ol Ave., Ste. 41 AR 72201-382 682-6167	.5	
IS DULY	Y LICENSED		R	KANSAS	AS A
License No	88-:	12P			
Issued	4/22/1988		1	Expires	6/30/2022
Signature		Mai	tu J.;	Taita!	e Phs

VITA

Martin Thomas Faitak III March, 2022

Home Address: 1515 E. Overcrest Street Fayetteville, AR 72703 (479) 521-4282	Business Address: 204 N. East Avenue Fayetteville, AR 72701 (479) 442-0763
Date of Birth Place of Birth	April 19, 1955 Gary, Indiana
Marital Status	Married
Licensure	Licensed Clinical Psychologist Arkansas License # 88-12P
EDUCATION	
Undergraduate Education	Indiana University Bloomington, Indiana B.A. (May, 1977) Psychology Major, Chemistry Minor
Graduate Education	University of Louisville Louisville, Kentucky Clinical Psychology (APA Approved) M.A. (May, 1982) Ph.D. (August, 1987)
Clinical Internship	Child Study Center Dept. of Psychiatry and Behavioral Sciences University of Arkansas for Medical Sciences Little Rock, AR APA-Approved Internship September, 1982 to August, 1983

EMPLOYMENT

August, 1995 to present	Private Practice (Martin T. Faitak, Ph.D., Inc.) 204 N. East Avenue Fayetteville, AR 72701
October, 1989 to August, 1995	Program Director Adolescent Residential Treatment Program Ozark Guidance Center Springdale, AR 72764
October, 1989 to February, 1991	Staff Psychologist Professional Counseling Group Ozark Guidance Center Springdale, AR 72764
August, 1987 to September, 1989	Assistant Professor Dept. of Psychiatry and Behavioral Sciences University of Arkansas for Medical Sciences Little Rock, AR
July, 1984 to August, 1987	Instructor Dept. of Psychiatry and Behavioral Sciences University of Arkansas for Medical Sciences Little Rock, AR
September, 1983 to June, 1984	Psychological Examiner Developmental Center Arkansas Children's Hospital Little Rock, AR

CLINICAL EXPERIENCE

August, 1995 to the Present Clinical Psychologist, Private Practice

> Provision of a full range of psychological services for children, adolescents, and adults including cognitive and personality assessments, custody evaluations, individual therapy, family therapy, and marital therapy. Supervision of Psychological Examiners and Psychologists.

October, 1989 to August, 1995 Program Director, Residential Treatment Program, Ozark Guidance Center

Provision of individual, group, and family therapy, and personality assessments for adolescents in a long-term residential treatment unit. Supervision of all therapies and educational services on that unit. Implementation and provision of therapeutic milieu. Hiring, training, and supervising clinical and paraprofessional staff. Implementation of appropriate documentation system. Developing and adhering to budget.

October, 1989 to February, 1991 Staff Psychologist, Professional Counseling Group, Ozark Guidance Center

Provision of individual, group, and family therapy, and psychoeducational and personality assessments for children, adolescents, and their parents in an out-patient setting.

July, 1984 to September, 1989 Coordinator of Psychological Services, Child Study Center, Inpatient Unit

Provision of individual, group, and family therapy, and intellectual and personality assessments for children in a psychiatric treatment unit. Supervision of Psychology Interns.

September, 1983 to June, 1984 Psychological Examiner, Arkansas Children's Hospital

Provision of intellectual and achievement assessments, and individual psychotherapy for outpatient and hospitalized children.

TEACHING EXPERIENCE: University of Arkansas for Medical Sciences, 1983-1989

Child Psychotherapy Seminar for Psychology Interns and Child Psychiatry Fellows.

Child Behavior Therapy Seminar for Psychology Interns and Child Psychiatry Fellows.

Junior Medical Student Clerkship: Psychological Assessment, Conduct Disorders, and Oppositional-Defiant Disorders.

Behavioral Sciences Course for first year medical students.

Psychology Seminar: Projective Assessment of Children, Childhood Psychoses, and Assessment of Preschool Children, for Psychology Interns.

RESEARCH

Dissertation	Determinants of Rorschach Processing In a Group of Seriously Behaviorally Disturbed Latency-Age Children
Master's Thesis	The Relationship Between Icon Duration, Speed of Processing, and Reading Abilities

PUBLICATIONS

Brewer, T., & Faitak, M.T. (1989). Ethical guidelines for the inpatient psychiatric care of children. <u>Professional Psychology: Research and Practice</u>, <u>20</u>, 142-147.

PROFESSIONAL MEMBERSHIPS

American Psychological Association, Member, 1990 to the present.

Arkansas Psychological Association, Member, 1995 to the present; Director at Large for the Board of Directors, 11/00 to 11/01; Secretary for the Board of Directors, 11/01 to 12/03.

Psychologists of Northwest Arkansas, Member, 1995 to the present.