

REVISED - BID RESPONSE PACKET
710-24-058

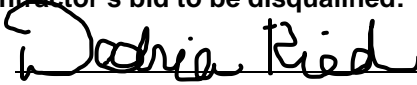
BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Mountainview Professional Services			
Address:	3701 NW Mountainview RD			
City:		State:		Zip Code:
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"/> Service-Disabled Veteran <input checked="" type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input checked="" type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American			
AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>				
PROSPECTIVE CONTRACTOR CONTACT INFORMATION				
<i>Provide contact information to be used for bid solicitation related matters.</i>				
Contact Person:	Dedria Ried	Title:	Owner	
Phone:	6146389331	Alternate Phone:		
Email:	dedria.ried@mviewproservices.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> , Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, Prospective Contractor certifies that it will not employ or contract with illegal immigrants during the aggregate term of a contract.				
ISRAEL BOYCOTT RESTRICTION CONFIRMATION				
By checking the box below, Prospective Contractor agrees and certifies that it does 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 Prospective Contractor to a resultant contract must sign below.

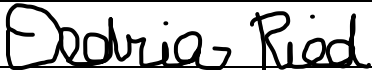
The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause Prospective Contractor's bid to be disqualified:

Authorized Signature:  Title: Owner
 Printed/Typed Name: Dedria Ried Date: 5/21/24

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 Vendor's proposal to be disqualified.

By signing below, Vendor agrees to and **shall** fully comply with all requirements as shown in the bid solicitation.

Vendor Name:	Mountainview Professional Services	Date:	5/21/24
Signature:		Title:	Owner
Printed Name:	Dedria Ried		

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

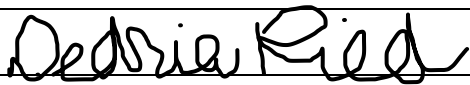
☒ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

MINIMUM QUALIFICATIONS

- As outlined in Section 2.3 Minimum Qualifications in the solicitation document, please provide the number of operators available and the corresponding shift.

Shift	Number of Operators
8am - 4pm	3
4pm - 12am	4
12am - 8am	4

By signing below, Vendor agrees to and **shall** fully comply with all requirements as shown in the bid solicitation.

Vendor Name:	Mountainview Professional Services	Date:	5/21/24
Signature:		Title:	Owner
Printed Name:	Dedria Ried		

DOCUMENTATION CHECKLIST

As outlined in Section 2.3 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
- 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 Disclosure Form (*Attachment A*)

Attachment I
Client History Form
Telephone Answering Services
IFB # 710-24-058

Attachment I

Telephone Answering Services

Instructions: This form is intended to help the State gain a more complete understanding of each Respondent's Telephone Answering Services' experience. This form **must** be complete and accurate.

The State reserves the right to verify the accuracy of these answers by contacting any of the listed clients, and all applicable clients **must** be listed. Omission of a client will constitute a failure to complete this form.

For purposes of this form, the "client" is not an individual but the entity which held the contract. By way of explanation, in the Contract resulting from this IFB, Arkansas's DHS will be the client. For each listed client, Respondents may (but are not required to) provide the contact information for a person at the client entity who is knowledgeable of the named project. The State reserves the right to contact the listed individual or another person at the listed client.

The boxes below each prompt will expand if necessary. The form **must** be signed (please see the final page) by the same signatory who signed the *Proposal Signature Page*.

1. Please list at least two (2) clients where you (the prime contractor only) **served as the prime contractor** for operating as a telephone answering services vendor. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract, duration of services provided, location, and client contact information. If there are no contracts which meet this definition, please state "none."

Mountainview Professional Services is a start-up organization. Dedria Ried, the owner, has an extensive background of 15 years managing call centers/customer service operation centers. Her experience spans across industries including Telecommunications, Consumer Package Goods and Publishing. Dedria has senior management experience simultaneously leading three 24 x 7 call centers across 3 states. This DHS opportunity is one that she is eager to lead and is committed to providing a professional work environment that delivers world-class customer service and exceeds the expectations outlined in the contract. Execution of this contract would help Mountainview Professional Services develop the track record required to obtain certifications as a Minority Owned Small Business, Woman Owned Small Business and as an Economically Disadvantaged Owned Business.

References: Rita Ward, MCI Telecommunications 661.313.2898; Claude Claybrook ATT Communications 916.230.9695

Authorized Signature:


Use Ink Only.

Title: Owner

Printed/Typed Name: Dedria Ried

Date: 5/21/24

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: May 21, 2024
SUBJECT: Telephone Answering Services (710-24-058)

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

ADDITIONAL SPECIFICATIONS

- Section 2.2 – add the following:
The Contractor will not be responsible for resolving caller concerns but will be responsible for documenting the information into the web-based link and transferring the information to Adult Protective Services.
- Section 2.4.B.3 - add the following:
 3. The Contractor **shall** be responsible for all equipment, supplies, and materials needed to provide telephone answering services.
 4. DHS will provide mandatory training on the script and the web-based link for data entry. Each operator must attend this mandatory training. Training, meetings, and discussions between DHS and Contractor will be virtual.
- Section 2.4.C.3 add the following:
 - The maximum wait or hold time for calls **must** be less than (2) two minutes.
 - The entire inbound or outbound call **must** be recorded. The recordings **must** be maintained for at least (5) five years.
 - The requirements of recording and storage for non-phone communications **must** be maintained for at least (5) five years.
- Section 2.5.H -add the following:
The Contractor **must** obtain the Alleged Victim's, Alleged Offender's and Reporter's information for call.

CHANGE OF SPECIFICATIONS

- Section 2.3.C - remove and replace with the following:
Contractor **must** have a minimum of three (3) operators available at all times. For verification purposes, Prospective Contractor **must** provide the number of operators available and the corresponding shift on page five (5) of the Response Packet. Vendor **shall** be responsible for determining the qualification of each employee.

- Section 2.4.C.8.a - remove and replace with the following:

Each month, DHS will sample up to 10% of calls for quality control purposes. A low error rate is defined as less than five percent of the sample is deemed as failed calls.

OTHER

- Official Bid Price Sheet: remove and replace with the Revised Official Bid Price Sheet.
- Response Packet: remove and replace with the Revised Response Packet.
- Call Logs A-F: add Call Logs A-F for informational purposes only.

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: Arnetia Dean, DHS.OP.Solicitations@dhs.arkansas.gov or via phone at 501-683-5969.



Vendor Signature

Mountainview Professional Services, LLC

Company

5/21/24

Date

Mountainview Professional Services

Equal Opportunity Policy

1. Policy Statement Our organization is committed to fostering, cultivating, and preserving a culture of diversity, equity, and inclusion. We provide equal employment opportunities to all employees and applicants without regard to race, color, religion, sex, national origin, age, disability, genetics, sexual orientation, gender identity or expression, veteran status, or any other legally protected status. We believe that each employee contributes directly to our growth and success, and we seek to recruit, develop, and retain the most talented people from a diverse candidate pool.

2. Objectives

- To ensure all employment practices such as hiring, training, promotion, and compensation are conducted fairly.
- To create a work environment where everyone's dignity is respected, and all can reach their full potential.
- To comply with all applicable federal, state, and local laws regarding non-discrimination and affirmative action.

3. Scope This policy applies to all aspects of employment, including recruitment, hiring, training, promotion, compensation, benefits, transfers, layoffs, terminations, and social and recreational programs.

4. Responsibilities

- **Management:** Ensure the principles of this policy are applied consistently in all employment decisions. Regular training and awareness sessions will be conducted to reinforce these values.
- **Employees:** Adhere to this policy and respect individual differences. Employees are encouraged to report any acts of discrimination or harassment.
- **Human Resources:** Develop and implement procedures that enforce this policy and provide guidance and support in its execution.

5. Complaint Procedure

- **Reporting:** Employees who believe they have been subjected to any form of discrimination should promptly report the incident to their supervisor, Human Resources, or through the designated reporting channel.

- **Investigation:** All reports will be investigated quickly and discreetly, ensuring confidentiality to the extent possible.
- **Resolution:** Appropriate measures will be taken based on the results of the investigation. This may include disciplinary action against those found to be in violation of this policy.

6. Training and Communication

- **Training:** All employees, especially managers and those involved in hiring decisions, will receive training on this policy and how to uphold principles of equality and non-discrimination.
- **Communication:** This policy will be widely distributed to all employees and included in employee handbooks and onboarding materials.

7. Monitoring and Review This policy will be monitored regularly to assess its effectiveness and will be updated as needed to reflect changes in laws and best practices.

By adhering to this Equal Opportunity Policy, we aim to create a work environment where everyone has the opportunity to succeed based on their skills and abilities.

Contract Number 710-24-058 IFB

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:

SUBCONTRACTOR NAME:

☐ Yes ☒ No

IS THIS FOR:

TAXPAYER ID NAME: Mountainview Professional Services, LLC

Goods? ☐ Services? ☒ Both? ☐

YOUR LAST NAME: Ried

FIRST NAME Dedria

M.I.: E

ADDRESS: 3701 NW Mountainview Rd

CITY: Bentonville

STATE: AR

ZIP CODE: 72712

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:**F O R I N D I V I D U A L S ***

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 MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☐ None of the above applies**F O R A N E N T I T Y (B U S I N E S S) ***

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 710-24-058 IFB
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  Title Owner Date 5/14/24
Vendor Contact Person Dedria Ried Title Owner Phone No. (614) 638-9331

Agency use only

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

STATE OF ARKANSAS

SECRETARY OF STATE



John Thurston

ARKANSAS SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

I, John Thurston, Arkansas Secretary of State of Arkansas, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of


Certificate of Organization

of

MOUNTAINVIEW PROFESSIONAL SERVICES LLC

filed in this office
February 19, 2024

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 19th day of February 2024.


John Thurston
Secretary of State

Online Certificate Authorization Code: 72594365de6208044bd
To verify the Authorization Code, visit sos.arkansas.gov

