

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:			
Address:			
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 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 <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:		Title:	
Phone:		Alternate Phone:	
Email:			
CONFIRMATION OF REDACTED COPY			
<input checked="" type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input 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: _____

Printed/Typed Name: _____ Date: February 27, 2023

BID RESPONSE PACKET
710-24-015

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.

Vendor Name:	[REDACTED]	Date:	[REDACTED]
Signature:	[REDACTED]	Title:	[REDACTED]
Printed Name:	[REDACTED]		

Section 2.4 B. Performance Standards

[REDACTED] agrees with the Performance Standards in the Invitation for Bid and wants to make the program a thriving venture for the children and the State of Arkansas. [REDACTED] leadership has done our best to scour the Invitation for Bid and Attachment C: Performance Standards. However, as with the establishment of any relationship, there may be further questions or concerns that may arise once implementation begins. [REDACTED] looks forward to working through any challenges for the good of the children in need of these services in our state.

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)

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
[REDACTED]

Fictitious Names
—

Filing #
100024451

Filing Type
Nonprofit Corporation

Filed Under Act
Dom Nonprofit Corp; 176 of 1963

Status
Good Standing

Principal Address
[REDACTED]

Reg. Agent
[REDACTED]

Agent Address
[REDACTED]

Date Filed
02/24/1970

Officers

[REDACTED] Director
[REDACTED] Director
[REDACTED] Director
[REDACTED] Director
[REDACTED], CEO
SEE FILE, 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

[REDACTED]

11/01/2023- 05/31/2024

Approved Services

<input checked="" type="checkbox"/>	Community Transition Services
<input type="checkbox"/>	Consultation Services
<input type="checkbox"/>	Crisis Intervention
<input checked="" 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

Organized Health Care Delivery System Services

<input checked="" type="checkbox"/>	Community Transition Services	<input type="checkbox"/>	Phillips	<input type="checkbox"/>	Scott	<input type="checkbox"/>	Washington
<input checked="" type="checkbox"/>	Consultation Services	<input checked="" type="checkbox"/>	Pike	<input type="checkbox"/>	Searcy	<input type="checkbox"/>	White
<input type="checkbox"/>	Crisis Intervention	<input type="checkbox"/>	Poinsett	<input checked="" type="checkbox"/>	Sebastian	<input type="checkbox"/>	Woodruff
<input checked="" type="checkbox"/>	Environmental Modifications / Adaptive Equipment	<input checked="" type="checkbox"/>	Polk	<input type="checkbox"/>	Sevier	<input type="checkbox"/>	Yell
<input checked="" type="checkbox"/>	Specialized Medical Supplies	<input type="checkbox"/>	Pope	<input type="checkbox"/>	Sharp	<input type="checkbox"/>	Statewide
<input checked="" type="checkbox"/>	Supplemental Support	<input checked="" type="checkbox"/>	Prairie	<input type="checkbox"/>	St. Francis	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Supported Employment	<input type="checkbox"/>	Pulaski	<input type="checkbox"/>	Stone	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Supportive Living / Respite	<input type="checkbox"/>	Randolph	<input checked="" type="checkbox"/>	Union	<input type="checkbox"/>	
		<input checked="" type="checkbox"/>	Saline	<input type="checkbox"/>	Van Buren	<input type="checkbox"/>	
		<input type="checkbox"/>	Marion	<input type="checkbox"/>	Washington	<input type="checkbox"/>	
		<input checked="" type="checkbox"/>	Miller	<input type="checkbox"/>	White	<input type="checkbox"/>	
		<input checked="" type="checkbox"/>	Mississippi	<input type="checkbox"/>	Woodruff	<input type="checkbox"/>	
		<input checked="" type="checkbox"/>	Monroe	<input type="checkbox"/>	Yell	<input type="checkbox"/>	
		<input checked="" type="checkbox"/>	Montgomery	<input type="checkbox"/>	Statewide	<input type="checkbox"/>	
		<input checked="" type="checkbox"/>	Nevada	<input type="checkbox"/>		<input type="checkbox"/>	
		<input checked="" type="checkbox"/>	Newton	<input type="checkbox"/>		<input type="checkbox"/>	
		<input type="checkbox"/>	Ouachita	<input type="checkbox"/>		<input type="checkbox"/>	
		<input checked="" type="checkbox"/>	Perry	<input type="checkbox"/>		<input type="checkbox"/>	

<input checked="" type="checkbox"/>	Arkansas	<input type="checkbox"/>	Crittenden	<input type="checkbox"/>	Grant	<input type="checkbox"/>	Johnson	<input type="checkbox"/>	Phillips
<input checked="" type="checkbox"/>	Ashley	<input checked="" type="checkbox"/>	Cross	<input type="checkbox"/>	Greene	<input checked="" type="checkbox"/>	Lafayette	<input checked="" type="checkbox"/>	Pike
<input checked="" type="checkbox"/>	Baxter	<input type="checkbox"/>	Dallas	<input type="checkbox"/>	Hempstead	<input checked="" type="checkbox"/>	Lawrence	<input type="checkbox"/>	Poinsett
<input type="checkbox"/>	Benton	<input checked="" type="checkbox"/>	Desha	<input checked="" type="checkbox"/>	Hot Spring	<input checked="" type="checkbox"/>	Lee	<input type="checkbox"/>	Polk
<input type="checkbox"/>	Boone	<input checked="" type="checkbox"/>	Drew	<input checked="" type="checkbox"/>	Howard	<input checked="" type="checkbox"/>	Lincoln	<input type="checkbox"/>	Pope
<input checked="" type="checkbox"/>	Bradley	<input checked="" type="checkbox"/>	Faulkner	<input type="checkbox"/>	Independence	<input checked="" type="checkbox"/>	Little River	<input checked="" type="checkbox"/>	Prairie
<input checked="" type="checkbox"/>	Calhoun	<input checked="" type="checkbox"/>	Franklin	<input type="checkbox"/>	Izard	<input type="checkbox"/>	Logan	<input type="checkbox"/>	Pulaski
<input type="checkbox"/>	Carroll	<input type="checkbox"/>	Fulton	<input checked="" type="checkbox"/>	Jackson	<input checked="" type="checkbox"/>	Lonoke	<input type="checkbox"/>	Randolph
<input checked="" type="checkbox"/>	Chicot	<input type="checkbox"/>	Garland	<input type="checkbox"/>	Jefferson	<input type="checkbox"/>	Madison	<input checked="" type="checkbox"/>	Saline

**EQUAL EMPLOYMENT OPPORTUNITY
AFFIRMATIVE ACTION STATEMENT**

[REDACTED] does not discriminate on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation or gender identity, in the admission, access to and treatment in [REDACTED] hiring or employment practices. Complaints of alleged discrimination and inquiries regarding [REDACTED] nondiscrimination policies may be directed to: Corporate Compliance Officer, (ADA/504/Title VI Coordinator), [REDACTED] (Voice/TDD 711). This notice is available from the ADA/504/Title VI Coordinator in large print, on audiotape and in Braille.

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

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)

- 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.

OTHER

- 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), 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

CHANGE OF BID OPENING DATE/TIME

- 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

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 at (501) 683-6456.



Vendor Signature

February 27, 2024

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

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.

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 at (501) 6836456


Vendor Signature

February 27, 2024

Date


Company

Contract Number _____
Attachment Number _____
Action Number _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR NAME:

☐ Yes ☒ No

IS THIS FOR: **Goods?** ☐ **Services?** ☒ **Both?** ☐

TAXPAYER ID NAME: [REDACTED]

YOUR LAST NAME: [REDACTED] FIRST NAME: [REDACTED] M.I.: [REDACTED]

ADDRESS: [REDACTED]

CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] 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 position of control?	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY			
General Assembly	✓		State Representative	01/17	current	[REDACTED]	0	0
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 _____ Title _____ Date 2/27/2024
Vendor Contact Person _____ Phone No. _____

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

REVISED

Official Bid Price Sheet for IFB 710-24-015 Developmental Disability Services

Any costs not identified on the Official Bid Price Sheet are not billable under the contract established from this solicitation unless DCFS, at its sole discretion, determines otherwise as set forth in Section 2 of solicitation.

Note: The daily rate for Level 4 services approved by DCFS will be negotiated on a case-by-case basis.

Instructions

- Propose daily rates:
 - Per Client, in accordance with the requirements of section 2.3 and at each service category as specified in the IFB,
 - At or under the maximum allowable rates for each service category listed below, and
 - Inclusive of all geographic areas included in Contractor's proposal.
- Enter your proposed rate for each service level in the shaded boxes below.
- All bid pricing must be in US dollars and cents.
- The Total Weighted Daily Rate will autocalculate.

Cost Proposal

Level 1 Daily Rate:	<div style="background-color: #cccccc; padding: 5px; display: inline-block;">\$80.00</div>	Maximum allowable proposed rate: \$80
Level 2 Daily Rate:	<div style="background-color: #cccccc; padding: 5px; display: inline-block;">\$240.00</div>	Maximum allowable proposed rate: \$240
Level 3 Daily Rate:	<div style="background-color: #cccccc; padding: 5px; display: inline-block;">\$336.00</div>	Maximum allowable proposed rate: \$336
<hr/>		
Total Weighted Daily Rate* :	<div style="background-color: #000000; color: white; padding: 5px; display: inline-block;">\$ 310.40</div>	

*Categories are weighted as follows: Level 2 (24%), Level 3 (75%), Level 1 (1%)

Fixed Price Components

Transportation reimbursement will be limited to the current State of Arkansas mileage reimbursement rate not to exceed 3,000 miles per year without written DCFS approval .

Payments for resource parents will be passed through by the provider at a rate paid as follows:

- The daily rate for children not participating in the PASSE and who have not been approved for CES waiver is \$95.75.
- The Provider is required to give DDS specialized resource parent 63% of the daily rate. The provider will be compensated with the remaining 37% of the daily rate.

Board payments received from DCFS for each client shall be distributed 100% to the client and used exclusively for that client's needs. Board payments are a fixed rate.

Optional Milestone Payment for Secured Housing Units: Upon DCFS approval, Contractor may choose to secure twelve (12) -month leases for housing units for use by DCFS approved clients. Upon delivering DCFS-approved and finalized copies of these leases to the DCFS designee, the contractor may submit an invoice for a one-time milestone payment of up to \$9,000 per housing unit annual lease for up to four (4) housing units. The maximum one-time milestone payment is \$36,000. If exercising this Optional Milestone Payment, Contractor shall maintain the number of housing units claimed under this milestone for the use of DCFS clients throughout the maximum extension of the contract.

1.12 B.Pricing Justification

Payment will begin at the child's initial placement with the primary diagnosis of intellectual or developmental disable without CES Waiver Services. The child's Level (1-4) of needs is determined by the DCFS assessment on the child. The rates for each level were developed by [REDACTED] based on the criteria of each level. [REDACTED] will provide services with the caps presented on the Official Bid Price Sheet, which is based on the total number of hours provided with each level of care needed to meet the child's health, safety, and service needs. The services include transportation, care of child, daily living support, advocate in education through public school, behavioral, medical, mental health, court appointments.

[REDACTED] will apply for Representative Payee of all Social Security checks or any child receiving services as the pass-through agency. An alternative funding source will be sought through CES Wavier by [REDACTED] employees.