

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	<u>Roland Irwin Psychological Services, LLC</u>			
Address:	<u>1000 Old Madison Rd</u>			
City:	<u>Forrest City</u>	State:	<u>AR</u>	Zip Code: <u>72335</u>
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit			
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> 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:	<u>Alton Roland Irwin, PhD</u> Title: <u>Psychologist; Registered Agent</u>
Phone:	<u>870 680 3296</u> Alternate Phone: _____
Email:	<u>rolandirwin2@gmail.com</u>

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 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: Alton Roland Irwin, PhD Title: Psychologist; Registered Agent
 Printed/Typed Name: Alton Roland Irwin, Ph.D. Date: 10/9/22

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:	Roland Irwin Psychological Services, LLC	Date:	10/9/22
Signature:	Alton Roland Irwin, Ph.D.	Title:	Psychologist; Registered Agent
Printed Name:	Alton Roland Irwin, Ph.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.

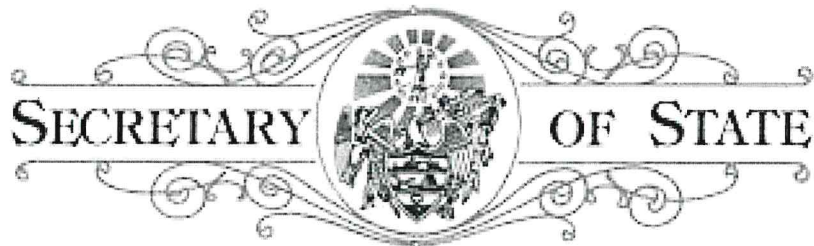
Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

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

OFFICIAL DOCUMENTATION OF ACTIVE REGISTRATION WITH THE
ARKANSAS SECRETARY OF STATE'S OFFICE

STATE OF ARKANSAS



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

ROLAND IRWIN PSYCHOLOGICAL SERVICES, LLC

filed in this office
September 28, 2022

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 28th day of September 2022.


John Thurston
Secretary of State

Online Certificate Authorization Code: 579361633b0e6cafd11
To verify the Authorization Code, visit sos.arkansas.gov





Certificate of Organization for Domestic LLC

Filing Information

Filing Act: 1041 of 2021
Entity Name: ROLAND IRWIN PSYCHOLOGICAL SERVICES, LLC
File Date: 2022-09-28 14:31:40
Effective Date: 2022-09-28
Filing Signature: ALTON ROLAND IRWIN PHD

Registered Agent:

First Name: ALTON
Middle Name: ROLAND
Last Name: IRWIN
Suffix: PHD.
Address 1: 1000 OLD MADISON RD
City: FORREST CITY
State: AR
Zip: 72335
Country: USA
Phone: 870-680-3296
Email: ROLANDIRWIN2@GMAIL.COM

Officers

First Name: ALTON
Middle Name: ROLAND
Last Name: IRWIN
Suffix: PHD.
Title: Incorporator/Organizer
Address 1: 1000 OLD MADISON RD.
City: FORREST CITY
State: AR
Zip: 72335
Country: USA

First Name: ALTON
Middle Name: ROLAND
Last Name: IRWIN
Suffix: PHD.
Title: Manager
Address 1: 1000 OLD MADISON RD
City: FORREST CITY
State: AR
Zip: 72335
Country: USA

Principal

First Name: ALTON
Middle Name: ROLAND
Last Name: IRWIN
Suffix: PHD.
Address 1: 1000 OLD MADISON RD
City: FORREST CITY
State: AR
Zip: 72335
Country: USA
Phone Number: 870-680-3296
Email Address: ROLANDIRWIN2@GMAIL.COM

COPY OF LICENSURE

Arkansas Psychology Board
101 E. Capitol Avenue, Suite 415
Little Rock

Alton Roland Irwin
202 Kerry Dr
Wynne, AR 72396

STATE OF ARKANSAS



ARKANSAS PSYCHOLOGY BOARD

Attests that

Alton Roland Irwin

Is licensed as a

Psychologist - Active Status

1/15/1993

Date Issued

6/30/2023

Expiration Date

93-03P

License Number

ARKANSAS PSYCHOLOGY BOARD



101 E. Capitol Ave., Ste. 415
Little Rock, AR 72201-3824
(501) 682-6167

THIS CERTIFIES THAT

Alton Roland Irwin

IS DULY LICENSED IN THE STATE OF ARKANSAS AS A

**Psychologist
Active Status**

License No. 93-03P

Issued 1/15/1993

Expires 6/30/2023

Signature

Alton Roland Irwin

RESUME

VITA

PERSONAL DATA

Name and mailing address

Alton Roland Irwin, Jr. Ph.D.
1000 Old Madison Rd
Forrest City, Arkansas 72335

Telephone

870-680-3296

PROFESSIONAL LICENSE/CERTIFICATION

Licensed as a psychologist in Arkansas since September of 1992. License number 93-03P

Certified by Arkansas Department of Human Services to conduct court-ordered forensic evaluations: 1992 – present

EDUCATION

1992: Ph.D., Clinical Psychology

University of Mississippi
University, Mississippi

1991-1992: Pre-doctoral Residency

Biloxi VA Medical Center
Biloxi, Mississippi

1984: M.S., Experimental Psychology

Northeast Louisiana Univ.
Monroe, Louisiana

1982: B.A., Psychology

Northeast Louisiana Univ.
Monroe, Louisiana

PROFESSIONAL EXPERIENCE

CLINICAL

09/1992 – present.

Mid-South Health Systems/Arisa Health
2707 Brown's Lane
Jonesboro, Arkansas

Served in various capacities in this organization:

Chief Operations Officer/Associate Chief of Operations: 07/2016 – present.

Clinical Director: 12/1997 – 7/2016

Director of Outpatient Services: 06/1995 -06/1996

Staff Psychologist: 01/1994 – 06/1995

Clinic Coordinator: 09/1992 – 12/1993

Perform forensic evaluations through CMHC contract with Arkansas Department of Human Services: 1992 – present.

06/1994 – 05/1996

Senior Care Geriatric Psychiatric Hospital

Forrest City, Arkansas

Consulting Psychologist: conducted psychological evaluations of patients upon admission to unit.

09/1991 – 09/1992

Biloxi VA Medical Center

Biloxi, Mississippi

Clinical Psychology Resident. Completed the following rotations: Inpatient Psychiatry, Inpatient Substance Abuse, Behavioral Medicine, Emergency Room Triage, Neuropsychological Evaluation, Outpatient Clinic.

09/1985 – 05/1988

Head Start Centers of Northeast Mississippi

Mental Health Consultant: Assessment, diagnosis and treatment recommendations for preschool children in eighteen Head Start Centers.

09/1988 – 05/1991

Region VI Mental Health Center

Greenwood, Mississippi

Clinical Therapist: Assessment, diagnosis, psychological evaluation and treatment of outpatient adults and children.

04/1989 – 08/1989

North Mississippi Developmental Center

Oxford, Mississippi

Psychologist 1: Designed and implemented behavior modification programs to improve adjustment and learning in residents. Trained staff in implementation of behavior modification programs.

ACADEMIC

09/1986 – 05/1990

Department of Psychology

University of Mississippi

Assistant Instructor: Taught undergraduate general and abnormal psychology.

09/1982 – 09/1984

Department of Psychology

Northeast Louisiana University

Assistant Instructor: Taught undergraduate general psychology and graduate inferential statistics.

RESEARCH

09/1984 – 05/1990

Department of Psychology

University of Mississippi

Graduate Research Assistant: Conducted grant-funded experiments exploring conditioned learning paradigms relating to use of narcotics. Served as small animal surgeon (external jugular catheterizations, oral and intraperitoneal cannula implants.) Conducted grant-funded investigation of smoking cessation procedures.

Dissertation Research: Experimental investigation of the effects of high-aggression-content video games on child behavior.

PUBLICATIONS

Irwin, A. R. & Gross, A. (1996). The effects of aggressive and non-aggressive video games on aggressive behavior in boys. Journal of Family Violence.

Irwin, A.R. & Gross, A. (1990). Mental Retardation in Childhood. In M. Hersen & C. Last (Eds.), Handbook of Child and Adult Psychopathology: A Developmental Perspective. (pp. 325-327). New York: Pergamon.

Klitzke, M., Irwin, A. R., Lombardo, T., Christoff, K. (1990). Self-monitored smoking motives. Journal of Substance Abuse. 2. 121-127.

Irwin, A. R. & Gross, A. M. (1987). A review of W. Rasbury, J. Johnson, & L. Seigal Approaches to Child Treatment. New York: Pergamon. In Child and Family Behavior Therapy. 9. 87-89.

OFFICIAL BID PRICE SHEET
(PROVIDED IN SEPARATE ENVELOPE)

COPY OF VENDOR'S EQUAL OPPORTUNITY POLICY

Vendor is not required by law to have an Equal Opportunity Policy.

Authorized Signature: Alton Roland Irwin, Ph.D. Title: Psychologist; Registration Agent

Printed/Typed Name: Alton Roland Irwin, Ph.D. Date: 10/9/22

SIGNED ADDENDUM

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: September 23, 2022
SUBJECT: 710-23-0001 Forensic Evaluations

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 BID OPENING DATE/TIME

- Bid submission date and time has changed to October 13, 2022, at 1:00pm CST
- Bid opening date and time has changed to October 13, 2022, at 2:00pm CST

ADDITIONAL SPECIFICATIONS

Page 9, Add the following along with Attachment B – Written Questions:

CLARIFICATION OF BID SOLICITATION

- A Contractor may submit written questions requesting clarification of information contained in this *Bid Solicitation*. Written questions should be submitted by 4:00 p.m., Central Time on September 29, 2022. Submit written questions by email to the buyer as shown on page one (1) of this *Bid Solicitation*.
- B. The attached response template (*Attachment B*) **must** be used for submission of all written questions. All questions should include the information specified in the response template. Written questions submitted in a different format may not be answered by DHS.
- C. Contractor's written questions will be consolidated and responded to by the State. The State's consolidated written response is anticipated to be posted to the OP website by the close of business on October 6, 2022.
- D. Answers to verbal questions may be given as a matter of courtesy and must be evaluated at contractor's risk.

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: Buyer's name, Buyer's email address and phone number.

Altan Roland-Imuri 10/9/22
Vendor Signature Date

Roland Irwin Psychological Services, LLC
Company

EO 98-04 DISCLOSURE FORM (Attachment A)

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: SUBCONTRACTOR NAME: _____

☐ Yes ☒ No

IS THIS FOR:

TAXPAYER ID NAME: Roland Irwin Psychological Services, LLC

Goods? ☐ Services? ☒ Both? ☐

YOUR LAST NAME: Irwin

FIRST NAME Alton

M.I.: R

ADDRESS: 1000 Old Madison Rd

STATE: AR ZIP CODE: 72335

COUNTRY: USA

CITY: Forrest City

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.]	Person's Name(s)	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?	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY			
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 Alton Roland Irwin, Ph.D. Title Psychologist; Registered Agent Date 10/9/22

Vendor Contact Person Alton Roland Irwin, Ph.D. Title Psychologist; Registered Agent Phone No. (870) 680-3296

Agency use only

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

OTHER REQUIRED DOCUMENTS

PROHIBITION OF EMPLOYMENT OF ILLEGAL IMMIGRANTS



roland irwin <rolandirwin2@gmail.com>

Illegal Immigrant Form

1 message

Illegal Immigrant Form <AASIS-OSP@arkansas.gov>

Mon, Oct 10, 2022 at 9:19 AM

Reply-To: "AASIS-OSP@arkansas.gov" <AASIS-OSP@arkansas.gov>

To: rolandirwin2@gmail.com

TSS Illegal Immigrant Contractor Disclosure Certification

Illegal Immigrant Form

Vendor: Roland Irwin Psychological Services, LLC

Tax ID: 8870

Disclosure Statement: I certify that I **DO NOT** employ or contract with an illegal immigrant.

Contact E-mail: rolandirwin2@gmail.com

Submitted on: 10-10-22

INSURANCE REQUIREMENTS

- Workers Compensation
- Commercial Blanket Bond
- Comprehensive: General Public Liability

The above insurances will be obtained, as required, if vendor is awarded a contract.