BID RESPONSE PACKET 710-25-004 Psychological Services/CHDC

BID SIGNATURE PAGE

W VILLAND

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION						
Company:	Still Waters consulting Group, UC					
Address:	505 W. Pershing Blud., Stec					
City:	N. LIHLEROCK State: AR AR Zip Code: 72114					
Business Designation:	□ Individual □ Sole Proprietorship □ Public Service Corp □ Partnership □ Corporation □ Nonprofit					
Minority and Image: Not Applicable Image: American Indian Image: Service Disabled Veteran Women-Owned Image: American American Image: Hispanic American Image: Women-Owned Designation* Image: American American Image: American American Image: Women-Owned						
Designation*:	Asian American Pacific Islander American					
	AR Certification #: * See Minority and Women-Owned Business Policy					
	PROSPECTIVE CONTRACTOR CONTACT INFORMATION Provide contact information to be used for bid solicitation related matters.					
Contact Person:	Caren R. Moore, Prod Title: Owner					
Phone:	(SOI) 500 - 0190 Alternate Phone: (501) 247-3656					
Email:	admin @stillwatersgrouplic.com					
1000 - 10000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1	CONFIRMATION OF REDACTED COPY					
🗸 NO, a redacted	ed copy of submission documents is enclosed. I copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission I be released if requested.					
neither box pricing), wil	d copy of the submission documents is not provided with Prospective Contractor's response packet, and is checked, a copy of the non-redacted documents, with the exception of financial data (other than I be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). licitation for additional information.					
	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 pot boycott Israel during the aggregate term of the contract.						
Prospective Contractor does not and will not boycott Israel.						
	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					

Authorized Signature: Carely P- Hore Rup	Title:	Owner	
Printed/Typed Name:	Date: _	118/2024	

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:	Still Waters Consulting Date:	7 18 2024
Signature:	aren R. More pub Title:	Owner
Printed Name:	Caren R. MODKE PhD	

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 2.3 Minimum Qualifications in the solicitation document, please provide the following:

- . For Psychological Examiner – psychological examiners license by the Arkansas State Board of Examiners.
- For School Psychology Specialist -certification as a School Psychology Specialist by the Arkansas Department of • Education.
- 1. For Psychologist – psychology license by the Arkansas State Board of Psychology.
 - 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)

Arkansas Psychology Board

101 E. Capitol Avenue, Suite 415 Little Rock

Caren R. Moore 505 W. Pershing Blvd., C North Little Rock, AR 72114

STATE OF ARKANSAS



ARKANSAS PSYCHOLOGY BOARD

Attests that

Caren R. Moore

Is licensed as a

Psychologist - Active Status

7/19/2019

6/30/2025

19-07P

Date Issued

Expiration Date

License Number

	the second se	
ARKANSAS PSY	CHOLOGY BOA	RD
101 E. Capito	ol Ave., Ste. 415	
	AR 72201-3824	
Ψ	682-6167	
THIS CERT	A A A A A A A A A A A A A A A A A A A	
Caten	K. MOOVE	
IS DULY LICENSED IN THE	ATE OF ARKANSAS	AS A
	ologist	
A SHOW	Status	
License No. 19-07P		
	Expires	6/30/2025
Issued 7/19/2019	Lypnes	
ISSUEU //15/2015		
Issued 7/19/2019 Signature		



Arkansas Secretary of State John Thurston

State Capitol Building + Little Rock, Arkansas 72201-1094 + 501-682-3409

Certificate of Good Standing

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

STILL WATERS CONSULTING GROUP LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office July 3, 2019.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



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 18th day of July 2024.

In Thurston

John Thurston Diline Certificate Authorization Code: 7d878c892cd151e To verify the Authorization Code, visit sos.arkansas.gov

Document

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 STILL WATERS CONSULTING GROUP LLC

Fictitious Names

Filing # 811209773

Filing Type Limited Liability Company

Filed Under Act Domestic LLC; 1003 of 1993

Status Good Standing

Principal Address 2020 W. 3RD STREET SUITE 609 LITTLE ROCK, AR 72205

Reg. Agent CAREN R MOORE

Agent Address 2020 W 3RD ST SUITE 609 LITTLE ROCK, AR 72205

Date Filed 07/03/2019

Officers CAREN R MOORE, Incorporator/Organizer CAREN R MOORE, Manager

Foreign Name N/A

Foreign Address

State of Origin

Purchase a Certificate of Good Standing for this Entity Pay Franchise Tax for this corporation STILL WATERS

Still Waters Consulting Group, LLC Equal Opportunity Policy

4.1 Equal Opportunity Policy

Still Waters Consulting Group, LLC believes that any form of discrimination, victimization, harassment or bullying is unacceptable and has no place whatsoever in our offices. Still Waters provides equal employment opportunities to all applicants, without regard to unlawful considerations of or discrimination against race, religion, creed, color, nationality, sex, sexual orientation, gender identity, age, ancestry, physical or mental disability, medical condition or characteristics, marital status, or any other classification prohibited by applicable local, state, or federal laws. This policy is also applicable to hiring, termination and promotion; compensation; schedules and job assignments; discipline; training; working conditions, and all other aspects of employment with Still Waters Consulting Group, LLC. As an employee, you are expected to honor this policy and to take an active role in keeping harassment and discrimination out of the workplace.

If at any time, you feel that you have been discriminated, victimized, harassed, or bullied, please consult a Human Resource representative for consultation or to file a formal complaint detailing your concerns. All complaints will be thoroughly investigated and referred to our Compliance Office and President, Dr. Caren R. Moore for final review. Correspondence may also be submitted anonymously to Dr. Caren R. Moore at 2020 W. 3rd Street, Suite 609, Little Rock, AR 72205.

4.2 Accommodation for Employees with Disabilities

We are happy to work with otherwise qualified employees with documented disabilities in order to accommodate limitations, in accordance with the Americans with Disabilities Act (ADA).. It is up to the employee to approach his or her supervisor with this request, and to provide medical proof of his or her needs upon Still Waters Consulting Group, LLC's request. We are also happy to accommodate employees diagnosed with life-threatening illnesses. Such employees are welcome to maintain a normal work schedule if they so desire, provided that we receive medical papers proving their working cannot harm themselves or others and their work remains at acceptable standards.

Attachment Number					
Action Number		CONTRACT AND GRANT DISCLOSURE AND CER	T DISCLOSUR	E AND CERTIFICATION FORM	
Failure to complete all of the follov SUBCONTRACTOR: SUBCONT SUBCONTRACTOR: SUBCONT	he following informatio SUBCONTRACTOR NAME:	Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or subcontractor: subcontractor name:	ontract, lease, purch	ase agreement, or grant award with any Arkansas State Agency.	tate Agency.
	ers Consulti	Still Waters Consulting Group, LLC		IS THIS FOR: Goods? Services? V Both?	Both?
YOUR LAST NAME: MOOFE		FIRST NAME	Caren		
ADDRESS: 505 W. Pershing Blvd, Ste	Blvd, Ste C				
CITY: North Little Rock		STATE:	AR ZIP CODE:	ode: 72114	COUNTRY: USA
AS A CONDITION OF OBT	BTAINING TH ANY AI	AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRA OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORI	OR RENEWING A C	ICT, LEASE, PURC	<u> HASE AGREEMENT,</u> DISCLOSED:
		FOR	INDIVID	DUALS*	
Indicate below if: you, your spous Member or State Employee:	se or the brothe	r, sister, parent, or child of you or you	spouse is a current of	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:	tutional Officer, State Board or Comn
	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.]	are they related to you? . Public, Jr., child, etc.]
	Current Former		From To MM/YY MM/YY		Relation
General Assembly					
Constitutional Officer					
State Board or Commission Member					
State Employee					
None of the above applies	es				
		FORANE	NTITY ((BUSINESS)*	
ndicate below if any of the followin Officer, State Board or Commissio Aember or State Employee Pos	ng persons, cu on Member, Sta ition of control	rrent or former, hold any position of co the Employee, or the spouse, brother, s means the power to direct the purchas	ntrol or hold any own sister, parent, or child ing policies or influen	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, 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 of control means the power to direct the purchasing policies or influence the management of the entity.	er of the General Assembly, Constitue al Officer, State Board or Commission
	Mark (ଏ)	Name of Position of Job Held	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?	r % of ownership interest and/or of control?
Position Held	Current Former		From To MM/YY MM/YY	Person's Name(s)	Ownership Position of Interest (%) Control
General Assembly				and the second at the second at	
Constitutional Officer					
State Board or Commission Member					
State Employee					

	Agency use only Agency Agency Contact Contract Agency Agency Agency Contact Contract Contract Number 0710 Name Department of Human Services Contact Phone No. or Grant No.	Vendor Contact Person Caren R. Moore, PhD Title Owner Phone No. (501) 500-0190	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. that I agree to the subcontractor disclosure conditions stated herein. Signature CORCA CORCA Title Owner Date July 18, 2024	 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. 	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.	2. I will include the following language as a part of any agreement with a subcontractor:	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.	As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:	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.	Action Number Contract and Grant Disclosure and Certification Form	
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Contract Number

		OFFICIAL BID PRICE SHEET	ICE SHEET	
	710-2	710-25-004 Psychological Services/CHDC		
All costs contract	s must be included in the u	All costs must be included in the unit price. Costs not included in the unit price below are not billable under a contract established from this solicitation. Bidder must submit a printed copy of the completed official bid price sheet	in the unit price below are r printed copy of the comple	not billable under a sted official bid price sheet
with bid	with bid submission.			
Quantiti	es are estimated for bidding	Quantities are estimated for bidding purposes only. Quantities may increase or decrease.	may increase or decrease.	
ITEM	DESCRIPTION	ESTIMATED QUANTITY (Annual Hours)	UNIT PRICE (Hourly Rate)	ANNUAL AMOUNT (Annual Hrs x Unit Price)
<u> </u>	Psychological Examiner	2,080		\$0.00
2	School Psychology Specialist	2,080		\$0.00
З	Psychologist	2,080	\$185.00	\$384,800.00
2				

AUTHORIZED SIGNATURE: By my signature below, I certify that the I am authorized by the respondent to submit this bid on his/her behalf.

Printed Name: Caren R. Moore	Signature: (DPA K. V UN HV	vendor Name: MA Still Waters Consulting Group, LLC
	Title:	Date:
	tle: Owner	07/24/2024