State of Arkansas
Department of Human Services

Bid Proposal

Table of Contents

BID RESPONSE PACKET
710-21-0031

Bid Signature Page

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION						
Company:	Supplemental Medical Services, Inc. d/b/a StaffLink					
Address:	10916 Schuetz Rd					
City:	St. Louis		State:	MO	Zip Code:	63146
Business Designation:	☑ Individual ☐ Partnership	☐ Sole Proprietorship ☐ Corporation		☐ Public Service Corp ☐ Nonprofit		
Minority and Women-Owned Designation*:	☐ Not Applicable ☑ African American	☐ American Indian ☐ Hispanic American	☐ Asian American ☐ Pacific Islander American	☐ Service Disabled Veteran ☑ Women-Owned		
	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:	Gretchen Curry	Title:	President
Phone:	314-997-8833	Alternate Phone:	314-477-3434
Email:	gcurry@stafflinkusa.com		

CONFIRMATION OF REDACTED COPY

☐ YES, a redacted copy of submission documents is enclosed.

☑ NO, a redacted copy of submission documents is not enclosed. I understand a full copy of non-redacted submission documents will be released if requested.

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.

ILLEGAL IMMIGRANT CONFIRMATION

By signing and submitting a response to this *Bid Solicitation*, 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.

☑ 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: Gretchen Curry *Use Ink Only.* **Title:** President

Printed/Typed Name: Gretchen Curry **Date:** 06-14-2021

Sections 1 – 4
Vendor Agreement and Compliance

SECTION 1 - 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 this section of the bid solicitation.

Vendor Name:	Supplemental Medical Services, Inc. dba StaffLink	**Date:**	06-14-2021
Signature:	Gretchen Curry	**Title:**	President
Printed Name:	Gretchen Curry		

SECTION 2 - 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.*

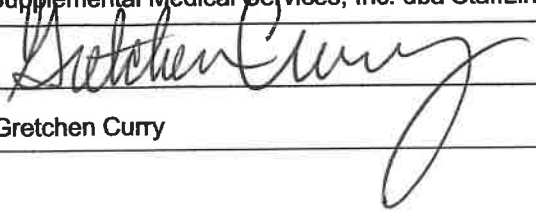
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	Supplemental Medical Services, Inc. dba StaffLink	**Date:**	06-14-2021
Signature:		**Title:**	President
Printed Name:	Gretchen Curry		

SECTION 3 - VENDOR AGREEMENT AND COMPLIANCE

- *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 this section of the bid solicitation.

Vendor Name:	Supplemental Medical Services, Inc. dba StaffLink	**Date:**	06-14-2021
Signature:		**Title:**	President
Printed Name:	Gretchen Curry		

SECTION 4 - VENDOR AGREEMENT AND COMPLIANCE

- *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 this section of the bid solicitation.

Vendor Name:	Supplemental Medical Services, Inc. dba StaffLink	**Date:**	06-14-2021
Signature:		**Title:**	President
Printed Name:	Gretchen Curry		

Proposed
Subcontractors Form

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.**

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

Vendor Name:	Supplemental Medical Services, Inc. dba StaffLink	**Date:**	06-14-2021
Signature:	Gretchen Curry	**Title:**	President
Printed Name:	Gretchen Curry		

Official Bid Price Sheet –
not included – see under separate cover

Attachment A –
EO98-04 Disclosure Form

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: ☐ Yes ☑ No SUBCONTRACTOR NAME:

TAXPAYER ID NAME: Supplemental Medical Services, Inc. dba StaffLink

IS THIS FOR: Goods? ☐ Services? ☑ Both? ☐

YOUR LAST NAME: Curry FIRST NAME Gretchen M.I.:

ADDRESS: 10916 Schuetz Rd

CITY: St Louis STATE: MO ZIP CODE: 63146 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.]	
	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

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?		
	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

DHS Revision 11/05/2014

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 President Date 06/14/2021

Vendor Contact Person Patrick Scannell Title Business Manager Phone No. (314) 997-8833

Agency use only

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

Equal Opportunity Policy

STAFFLINK EQUAL EMPLOYMENT OPPORTUNITY

Stafflink is an Equal Opportunity Employer. We do not discriminate against qualified applicants based upon any protected group status, including but not limited to race, color, creed, religion, gender, national origin, ancestry, age, marital status, military or veteran status, sexual orientation, physical or mental disability or medical condition as defined by applicable equal opportunity laws.

Signed Acknowledgement of Addendum

State of Arkansas Department of Human Services
710-21-0031
Attachment B
Written Questions

Instructions

This Response Template must be used for submission of written questions. All questions should provide the requested information. Those that do not, may not be answered by DHS. The Vendor may add as many lines as needed. DHS would strongly prefer the Vendor to ask multi-part questions as individual questions on seperate lines.

Instructions: Complete all cells of each question asked in the Table below. Clearly identify the referenced section or text.

Question ID	RFP Reference (page number, section number, paragraph)	Specific RFP Language	Question	Answers
Example	*Page 7, section 1.15, C*	J. Vendors may submit multiple bid	*May vendors submit more than one bid?*	*yes See section 1.15, J*
1	Document -IFB_710210031 - Page - 12 - Section 2.4	SCOPE OF WORK	How many CNA requirements/positions can we expect under this contract throughout the given term?	*It would be impossible to provide a number as some facilities needs are significantly greater than others; however, at a minimum, all 5 HDCs would engage multiple qualified CNAs (for the foreseeable future) upon contract implementation if available. Need from there may increase or decrease depending on circumstances.*
2	Document -IFB_710210031 - Page - 12 - Section 2.4	SCOPE OF WORK	What will be the estimated annual budget for this project?	*Budget is variable and based upon HDC need.*
3	Document -IFB_710210031 - Page - 6 -Section 1.18	AWARD PROCESS	Is there any local preference for Arkansas based reponders for this contract?	*No.*
4	Document -IFB_710210031 - Page - 12 - Section 2.4	SCOPE OF WORK	Please share the historical spend under this contract for the year 2020?	*There is no historical spend as this is the first DDS CNA staffing solicitation.*
5	Document -IFB_710210031 - Page - 4 -Section 1.11	SUBCONTRACTORS	Is there a subcontracting goal with an M/WBE firm mandatory for this contract?	*No.*
6	Document -IFB_710210031 - Page - 7 -Section 1.19	MINORITY AND WOMEN-OWNED BUSINESS POLICY	Is there any preference given for Arkansas based M/WBE prime contractors? If yes, What is the percentage?	*No.*
7	Document -IFB_710210031 - Page - 6 -Section 1.18	AWARD PROCESS	Please share the anticipated number of awards that will be made under this contract?	*There are no minimum or maximum thresholds set by this solicitation for the number of awards. The State will award at its discretion to vendors : a) in numbers sufficient to provide staffing for all of its stated needs and b) who bid in a competitive price range.*

StaffLink acknowledges receipt of the Addendum. Gretchen Curry 6/14/21

Gretchen Curry, President Date

8	Document -IFB_710210031 - Page - 12 - Section 2.4	SCOPE OF WORK	Is this a re-compete IFB? If yes, Could you please share the name of Current Suppliers (who are currently providing services to the Agency)? Could you please share current Supplier's pricing and Proposals? When the existing contract was started, and what is the annual monetary spent value of the current contract since inception? How many resources are currently engaged in the current contract? Can you please share the no. of positions served in previous years under this contract? Can you please share the amount of business each vendor did under this contract in previous years?	*No, this is the first solicitation for CNA specific staffing that DDS has put out for bid.*
9	Document -IFB_710210031 - Page - 11 - Section 2.2	SERVICE DELIVERY LOCATION	Functional Capacity - Are these anticipated no. of requirements for CNAs under this contract?	*CNAs will be engaged on an as-needed basis, and length of assignment may vary from long-term to shift-to-shift.*
10	Document -IFB_710210031 - Page - 11 - Section 2.3	MINIMUM QUALIFICATIONS	Do we need to provide resumes of 10 vendors personnel (CNAs) in order to qualify this Minimum qualification criteria?	*No, but must be CNAs. State will check names submitted against State CNA database.*
11	Document -IFB_710210031 - Page - 11 - Section 2.3	MINIMUM QUALIFICATIONS	Do we need to have minimum 10 CNAs in our current pool in Arkansas state or minimum 10 CNAs in our pool across all states?, Please confirm.	*Current pool of 10 CNAs in Arkansas.*
12	Document - Response Packet - Page - 8 - Section	OFFICIAL BID PRICE SHEET	Do we need to provide crisis rates or standard rates?	*Vendors are to complete the pricing sheet with their standard rates per shift for each HDC.* *The importance of "crisis" in 1.18.2 is that the HDC's can call all vendors in any order in the event they have an immediate need.*
13	Document -IFB_710210031 - Page - 12 - Section 2.4	SCOPE OF WORK	Is this going to be a 13/26 weeks assignments for CNAs or do they need to work throughout the duration of the contract?, Please clarify	*Qualified CNAs would be engaged on an as-needed basis, which could be anything from long term to shift-to-shift assignments.*
14			Is this a new initiative? If not, please provide the names of the current vendor(s) providing the services.	*Yes.*
15			Can you please let us know the previous spending of this contract?	*This is the first CNA staffing solicitation that DDS has put out for bid.*
16			Please confirm if we can get the proposals or pricing of the incumbent(s).	*This is the first CNA staffing solicitation that DDS has put out for bid.*
17			Are there any pain points or issues with the current vendor(s)?	*This is the first CNA staffing solicitation that DDS has put out for bid.*
18			Please confirm the anticipated number of awards.	*There are no minimum or maximum thresholds set by this solicitation for the number of awards. The State will award at its discretion to vendors : a) in numbers sufficient to provide staffing for all of its stated needs and b) who bid in a competitive price range.*

19	Scope of Work: E. Call-ins or Cancellations, page 13	2. Regarding the statement *If vendor personnel commit to a shift and then cancel, the vendor* ***shall*** *be responsible for filling that shift even if it puts the replacement vendor personnel in overtime status. If this happens the HDC's shall not bear the overtime expense.*	What is the procedure and/or penalty if the vendor cannot fill the shift?	*See contract performance indicators. Vendor could be removed from the contract for repeat offenses.*
20	General Question	General Question	Is this contract required to be put out for bid?	*Yes.*
21	General Question	General Question	Who are your current incumbent vendors for these services?	*This is the first CNA staffing solicitation that DDS has put out for bid.*
22	General Question	General Question	Are you satisfied with your current vendors?	*This is the first CNA staffing solicitation that DDS has put out for bid.*
23	General Question	General Question	Are your current incumbent vendors meeting your staffing needs?	*This is the first CNA staffing solicitation that DDS has put out for bid.*
24	General Question	General Question	What improvements would you like to see made from your current program?	*Would like to have contract CNAs avaialble as needed.*
25	General Question	General Question	Can you provide last year's usage for these services in either number of hours filled and/or total cost in dollar amount used for these services broken down by the positions solicited in this IFB?	*This is the first CNA staffing solicitation that DDS has put out for bid.*
26	General Question	General Question	What are your current hourly bill rates by classification?	*This is the first CNA staffing solicitation that DDS has put out for bid.*
27	General Question	General Question	Are we able to take exceptions and propose language to any of the terms and/or requirements?	*Any bid that is submitted as contigent upon changes to the terms and requirements of this solicitation will be disqualified.*
28			Is it your preference for the vendor to have a local office in Arkansas?	*While it could certainly be beneficial in practice, there is no requirement or preference for an office in Arkansas.*
29			Is this a new contract or is there any incumbent?	*There were short term emergency contracts implemented until this solicitation was completed.*
30			Can you provide current rates?	*This is the first CNA staffing solicitation that DDS has put out for bid.*

Qualifications / Capabilities Statement

Capability Statement

Our mission is to provide the highest quality of customer care to our clients.

STAFFLINK
Your Quick Link to Staff Who Care

Founded in 1987 by Gretchen Curry, StaffLink provides medical staffing services that include **clinical, clerical** and **administrative** personnel to **health care businesses and facilities**. StaffLink's legal identity is Supplemental Medical Services, Inc.

Government Contracts

Shriver Job Corp (MA): Nurse Practitioner & RN's **2020-Present** $21,184

Kittrell Job Corp (NC): Mental Health Professional **2014 – 2019** $339,163

Little Rock School District (AK): RN Substitute Positions **2017-2018** $54,367

Detroit IRS Computer Center: 1 full-time RN. **12/1998-10/2003** $287,932

Coast Guard Clinics: 3 full-time Physician Assistants/Nurse Practitioners. **2/1999-10/2003** $606,230 States of WA and OR

Scott Air Force Base (IL): 7 full-time RNs, 2 full-time LPNs. OR & PACU **11/1995-5/2000** $2,005,067

VA Medical Center, St. Louis Missouri: PRN RN Positions (Specialty areas ICU, CCU). **1995-1998** $219,148

VA Medical Center, St. Louis Missouri: 6 FT ARRTs and PT Mammography, PRN CT. **1994-1997** $396,000

Great Lakes Naval Hospital (IL): Pediatric RN **1995-1997** $210,600

Private Industry Contracts

Catholic Charities (St. Louis Archdiocese): Providing RN's and Level 1 Med Techs for facilities (St. Patrick Center and Queen of Peace Center) **05/2009-present** $757,163 to date

Betty Jean Kerr People's Health Center: Providing RN's and LPN's to clinic **6/2020 – Present** $133,058 to date

Crossroads Hospice: Providing RN's for Hospice Visits **12/2020 – Present** $84,445 to date

Plumbers & Pipefitters Wellness Health Clinic: Providing RN's for Clinic **11/2016-present** $60,639 to date

Kindred Hospital, St. Louis, MO: RNs with ICU, vent, & specialty care experience. **11/2008-present** $541,265.00 to date

Children's Hospital, Seattle, WA: Nurse aides & patient care techs. **11/2008-04/2010** $211,078.00

Differentiators:

StaffLink is a 34 year-old healthcare staffing firm with solid experience in the industry. We are not novices!

Company Information:

DUNS: 602784043

Cage Code: ORHD5

SIC Code: 8049

NAICS:

621610 Home Health Services
541990 All other Professionals, Scientific and Technical Services
561310 Employment Placement Agencies
561320 Temporary Help Services
621399 Offices of All Other Misc. Health Practitioners

SIN Codes

621-025 Registered Nurses
621-034 Respiratory Therapy
621-038 Licensed Practical/Vocational Nurses
621-039 Medical Assistant
621-040 Nurse Assistant

8(a) Certification and GSA

2008 – 2014
Graduated from 8(a) Program in 2014

Call us today for more information!

10916 Schuetz Road
Saint Louis, MO 63146

314-997-8833

Current Account References

StaffLink References

Crossroads Hospice
15450 South Outer Forty Drive
Suite 100
Chesterfield, MO 63017
(636) 735-2000 Fax (636) 735-2095
Contact: Brent Edwards
brent.edwards@crossroadshospice.com
12/2020 - Present

Health Center of Plumbers' & Pipefitters' Welfare Plan
3640 Corporate Trail Drive
Earth City, MO 63045
314-388-5403
Contact: Jan Walsh
jan@pmp562.org
Service 12/12/2016 – Present

St. Patrick Center (Catholic Charities – St. Louis Archdiocese)
4220 North Grand
Saint Louis, MO 63107
Contacts: Jonathan Belcher – 314-802-0709 jbelcher@stpatrickcenter.org
Service 5/29/2009 – Present

Business Registration – Arkansas

STATE OF ARKANSAS

SECRETARY OF STATE

Mark Martin
ARKANSAS SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

I, Mark Martin, 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

Application for Certificate of Authority

of

SUPPLEMENTAL MEDICAL SERVICES, INC.

filed in this office
October 25, 2017

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 25th day of October 2017.

Mark Martin
Mark Martin
Secretary of State

Online Certificate Authorization Code: 14139159f0f373c8637
To verify the Authorization Code, visit sos.arkansas.gov

SEAL OF THE SECRETARY OF STATE ARKANSAS

Search Incorporations, Cooperatives, Banks and Insurance Companies

Notice: This is only a preliminary search and no guarantee that a name is available for initial filing until a confirmation has been received from the Secretary of State after filing has been processed

Printer Friendly Version

LLC Member information is now confidential per Act 865 of 2007

Use your browser's back button to return to the Search Results

Begin New Search

For service of process contact the Secretary of State's office.

Corporation Name	SUPPLEMENTAL MEDICAL SERVICES, INC.
Fictitious Names	
Filing #	811148077
Filing Type	Foreign For Profit Corporation
Filed under Act	Dom Bus Corp; 958 of 1987
Status	Good Standing
Principal Address	10916 SCHUETZ ROAD SAINT LOUIS, MO 63146
Reg. Agent	C T CORPORATION SYSTEM
Agent Address	124 WEST CAPITOL AVENUE, SUITE 1900 LITTLE ROCK, AR 72201
Date Filed	10/25/2017
Officers	GRETCHEN CURRY , Incorporator/Organizer GRETCHEN CURRY , President GRETCHEN CURRY , Secretary
Foreign Name	SUPPLEMENTAL MEDICAL SERVICES, INC.
Foreign Address	10916 SCHUETZ ROAD SAINT LOUIS, MO 63146
State of Origin	MO

Purchase a Certificate of Good Standing for this Entity

Pay Franchise Tax for this corporation

Certificate of Insurance

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/14/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
InPro Insurance Group, Inc.
2095 E. Big Beaver, Ste 100
Troy MI 48083

CONTACT NAME: InPro Insurance Group
PHONE (A/C, No, Ext): 248-526-3260 FAX (A/C, No): 248-526-3261
E-MAIL ADDRESS: certificates@inproagent.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Philadelphia Indemnity Ins Co	18058
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED SUPPMED-01
Supplemental Medical Services, Inc.
dba: StaffLink
10916 Schuetz Road
Saint Louis MO 63146

COVERAGES **CERTIFICATE NUMBER:** 1062519022 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			PHPK2171425	8/15/2020	8/15/2021	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
	X Prof Liability						MED EXP (Any one person)	$ 20,000
	X Abuse						PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			PHPK2171425	8/15/2020	8/15/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Arkansas Department of Human Services
Office of Procurement
700 Main Street
Little Rock, AR 72201

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Rick Ryan

W-9 Form

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
StaffLink F/K/A Supplemental Medical Services, Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
10916 Schuetz Road

Requester's name and address (optional)

6 City, state, and ZIP code
St. Louis, MO 63146

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
			–			–				

or

Employer identification number
4	3	–	1	4	4	0	2	8	5

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ Gretchen Curry Date ▶ 5-25-2021

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

Roster Listing
of Candidates

ROSTER LISTING OF ARKANSAS CERTIFIED NURSING ASSISTANT (CNA) CANDIDATES

LASTNAME	FIRSTNAME	CNA CERTIFIED	LIVED IN ARK 5 PLUS YEARS	WORK LOCATION
MADISON	SHANTROYAH	YES	YES	A OR C
PRATER	ANGELA	YES	YES	A OR C
ALEXANDER	BOBBIE	YES	YES	ARKADELPHIA
BROWN	REATTA	YES	YES	ARKADELPHIA
BRYANT	KAYLA	YES	YES	ARKADELPHIA
BUCKLEY	MAHOGANY	YES	YES	ARKADELPHIA
BURNS	HAYLEY	YES	YES	ARKADELPHIA
CLEGG	MARTINA	YES	YES	ARKADELPHIA
CLEMONS	BRANDY	YES	YES	ARKADELPHIA
DUNCAN	BRIANA	YES	YES	ARKADELPHIA
GREEN	HANNAH	YES	YES	ARKADELPHIA
HAMILTON	PAMELA	YES	YES	ARKADELPHIA
INGRAM	MAKAILA	YES	YES	ARKADELPHIA
KEY	MACY	YES	YES	ARKADELPHIA
MALLORY	QUICHASHA	YES	YES	ARKADELPHIA
OGLESBY	TAJIA	YES	YES	ARKADELPHIA
PUTILLO	AMILLION	YES	YES	ARKADELPHIA
QUARLES	SHERI	YES	YES	ARKADELPHIA
ROBERTS	MELISSA	YES	YES	ARKADELPHIA
SMITH	NATOSHIA	YES	YES	ARKADELPHIA
SPIVEY	TIRA	YES	YES	ARKADELPHIA
STEWART	HEIDI	YES	YES	ARKADELPHIA
ZUNIGA-HERRERA	DAMARIS	YES	YES	ARKADELPHIA
AVERY	DEBBIE	YES	YES	BOONEVILLE
BRANTLEY	EMILY	YES	YES	BOONEVILLE
BRUMLEY	AMBER	YES	YES	BOONEVILLE
CARLTON	LEANN	YES	YES	BOONEVILLE
CHRISMAN	RONITA	YES	YES	BOONEVILLE
ENGLISH	LAURIE	YES	YES	BOONEVILLE
HANSON	BRITTNEY	YES	YES	BOONEVILLE
JONES	TYLER	YES	YES	BOONEVILLE
MENDEZ	BARBARA	YES	YES	BOONEVILLE
VIELMA	DEBORAH	YES	YES	BOONEVILLE
VONGVILAY	ARIEL	YES	YES	BOONEVILLE
WHITAKER	JASMINE	YES	YES	BOONEVILLE
DAVIS	LATOYA	YES	YES	C OR J
FIELDS	SARAH	YES	YES	C OR J
FOSTER	LOGAN	YES	YES	C OR J
AGUDO-HERNANDEZ	GEMIMA	YES	YES	CONWAY
ASHCRAFT	KAYLA	YES	YES	CONWAY
AYIKA	MYA	YES	YES	CONWAY
BAKER	MYLEKA	YES	YES	CONWAY
BAREFIELD	KANEISHA	YES	YES	CONWAY
BATES	MARTESIA	YES	YES	CONWAY
BATTS	SEARRA	YES	YES	CONWAY

ROSTER LISTING OF ARKANSAS CERTIFIED NURSING ASSISTANT (CNA) CANDIDATES

BELL	JAMIE	YES	YES	CONWAY
BOOTH	MA'DYAIH	YES	YES	CONWAY
BOYD	ANTONAE	YES	YES	CONWAY
BOZEMAN	CARLISHA	YES	YES	CONWAY
BRIGGS	STACY	YES	YES	CONWAY
BROWN	CASEY	YES	YES	CONWAY
BROWN	DANA	YES	YES	CONWAY
BURSE	JOSHLYN	YES	YES	CONWAY
BUTLER	SHARON	YES	YES	CONWAY
CALAHAN	KESHAE	YES	YES	CONWAY
CHAPMAN	HEATHER	YES	YES	CONWAY
COLE	BERTHA	YES	YES	CONWAY
COLE	CHRISTIE	YES	YES	CONWAY
COLEMAN	LATONDRA	YES	YES	CONWAY
COLLINS	CHRISHION	YES	YES	CONWAY
DANIELS	EMILY	YES	YES	CONWAY
DULANY	ELIAS	YES	YES	CONWAY
ELLIS	LAUREL	YES	YES	CONWAY
FARMER	TERRICA	YES	YES	CONWAY
FERRARINI	STEPHANIE	YES	YES	CONWAY
FRANCIE-THOMAS	LATARSHA	YES	YES	CONWAY
GARDNER	SASHA	YES	YES	CONWAY
GODFREY	CODI	YES	YES	CONWAY
GOODWIN	STAREKEIZZIA	YES	YES	CONWAY
GRIFFIN	TEDRA	YES	YES	CONWAY
GUY	QUINTERRICA	YES	YES	CONWAY
HAMILTON	TATANISHA	YES	YES	CONWAY
HARRIS	ERICA	YES	YES	CONWAY
HARRIS	LERONDA	YES	YES	CONWAY
HELM	MARLEE	YES	YES	CONWAY
HESTER	TRINITY	YES	YES	CONWAY
HESTER	BARBARA	YES	YES	CONWAY
HODGES	KIWANNA	YES	YES	CONWAY
HOLLOWAY	CEDRICK	YES	YES	CONWAY
HUNTER	P'LAURA	YES	YES	CONWAY
INGRAM	EMILY	YES	YES	CONWAY
JAMES	LANAYSHA	YES	YES	CONWAY
JOHNS	JENAIJAH	YES	YES	CONWAY
JOHNSON	TAMARA	YES	YES	CONWAY
JOHNSON	BRANDY	YES	YES	CONWAY
JOHNSON	JADA	YES	YES	CONWAY
JONES	BRITTANY	YES	YES	CONWAY
JONES	BRIAH	YES	YES	CONWAY
JONES	JALISSA	YES	YES	CONWAY
JONES	CARLISSA	YES	YES	CONWAY
JORDAN	JERRICA	YES	YES	CONWAY
LANGLEY	ASHLEY	YES	YES	CONWAY

ROSTER LISTING OF ARKANSAS CERTIFIED NURSING ASSISTANT (CNA) CANDIDATES

LANGSTON	SERENA	YES	YES	CONWAY
LEE	LATOYA	YES	YES	CONWAY
LIPSCOMB	STACY	YES	YES	CONWAY
MANGHE	BRUNHILDA	YES	YES	CONWAY
MARTIN	MARIAH	YES	YES	CONWAY
MARTIN	QUATASHIA	YES	YES	CONWAY
MATTHEWS	TAMYIA	YES	YES	CONWAY
MILLER	RICHELLE	YES	YES	CONWAY
MOORE	KAFKA	YES	YES	CONWAY
MOORE	LATONYA	YES	YES	CONWAY
MORANT	LEOLA	YES	YES	CONWAY
MORGAN	CHRISTINE	YES	YES	CONWAY
MURPHY	RHONA	YES	YES	CONWAY
NEAL	LAKISHA	YES	YES	CONWAY
NELSON	ADRINNE	YES	YES	CONWAY
ODEM	CYNNETTA	YES	YES	CONWAY
ODOM	RYAN	YES	YES	CONWAY
PARKS	TIFFANY	YES	YES	CONWAY
PIKE	MAR-SHA'	YES	YES	CONWAY
PULLIAM	SHARUNDA	YES	YES	CONWAY
RAMEY	KEYONA	YES	YES	CONWAY
RAZINHA	CHANDLER	YES	YES	CONWAY
REED	ERICA	YES	YES	CONWAY
RIDEOUT	TREFONTE	YES	YES	CONWAY
ROBERSON	PORCHE	YES	YES	CONWAY
ROGERS	KRISTI	YES	YES	CONWAY
SANDERS	LATROYA	YES	YES	CONWAY
SCAIFE	WILLIE	YES	YES	CONWAY
SHORTER	ANGELA	YES	YES	CONWAY
STONE	VALERIE	YES	YES	CONWAY
STUBBS	KEELY	YES	YES	CONWAY
SWANEGAN	KEISHA	YES	YES	CONWAY
TAYLOR	KARENA	YES	YES	CONWAY
TAYLOR	DONICA	YES	YES	CONWAY
TAYLOR	LASHAY	YES	YES	CONWAY
TEGEGN	RAHEL	YES	YES	CONWAY
TERRELL	MICHIRAH	YES	YES	CONWAY
THOMAS	MARY	YES	YES	CONWAY
THOMPSON	DESTINY	YES	YES	CONWAY
TULLIS	LATERRIA	YES	YES	CONWAY
TURNER	RONISHA	YES	YES	CONWAY
TYLER	KAPRIEASHA	YES	YES	CONWAY
WALTON	MARQUISHA	YES	YES	CONWAY
WASHINGTON	KENYON	YES	YES	CONWAY
WELCH	KEYLIE	YES	YES	CONWAY
WILLIAMS	TAWANNA	YES	YES	CONWAY
WILLIAMS	JAYLA	YES	YES	CONWAY

ROSTER LISTING OF ARKANSAS CERTIFIED NURSING ASSISTANT (CNA) CANDIDATES

WILLIAMS	LATOYIA	YES	YES	CONWAY
WILLIAMS	SHERIKA	YES	YES	CONWAY
WILLIAMS	TRISHYONNA	YES	YES	CONWAY
WILSON	BRITTANEY	YES	YES	CONWAY
WINGFIELD	ANDREA	YES	YES	CONWAY
BOGAN	JANET	YES	YES	JONESBORO
BROWN	LATOYA	YES	YES	JONESBORO
BROWN	AMANDA	YES	YES	JONESBORO
CHAMBERS	ASHLEY	YES	YES	JONESBORO
CLARK	GRANESHIA	YES	YES	JONESBORO
CONTRERAS	GABRIELA	YES	YES	JONESBORO
CUMMINGS	SARANICKA	YES	YES	JONESBORO
DANIELS	SHEMECCA	YES	YES	JONESBORO
DAVIS	JASMINE	YES	YES	JONESBORO
DEASON	KEVIN	YES	YES	JONESBORO
DOUGAN	LADONNA	YES	YES	JONESBORO
FRANKS	TRACY	YES	YES	JONESBORO
GARNETT	KENZLIE	YES	YES	JONESBORO
GNADE	NICOLE	YES	YES	JONESBORO
HINKCLEY	KIRSTEN	YES	YES	JONESBORO
HOLLEY	KATELYNN	YES	YES	JONESBORO
LOCKHART	JASMINE	YES	YES	JONESBORO
LUKER	AMANDA	YES	YES	JONESBORO
LUKER	AMANDA	YES	YES	JONESBORO
MAHONE	ASHLEY	YES	YES	JONESBORO
MALLORY	JENNIFER	YES	YES	JONESBORO
MANNING	JESSICA	YES	YES	JONESBORO
MATHIS	PATRICIA	YES	YES	JONESBORO
MAY	HEATHER	YES	YES	JONESBORO
MOSES	LEXUS	YES	YES	JONESBORO
PALTON	TINA	YES	YES	JONESBORO
PIKE	ALEXIS	YES	YES	JONESBORO
PRUITT	MORIAH	YES	YES	JONESBORO
RAYBURN	JESSICA	YES	YES	JONESBORO
SANDERS	JACLYN	YES	YES	JONESBORO
STEEL	MONICA	YES	YES	JONESBORO
STEVENSON	STEPHANIE	YES	YES	JONESBORO
TOWERY	TONYA	YES	YES	JONESBORO
WASHINGTON	SHANA	YES	YES	JONESBORO
WILBORN	MICA	YES	YES	JONESBORO
WILLIAMS	REGINA	YES	YES	JONESBORO
WILLIAMS	STARR	YES	YES	JONESBORO
WILLIAMS-WOOTEN	ALEX	YES	YES	JONESBORO
WILSON	PARIHSA	YES	YES	JONESBORO
WILSON	TAYLOR	YES	YES	JONESBORO
WILSON	EMILY	YES	YES	JONESBORO
BENSON	MALLORY	YES	YES	WARREN

ROSTER LISTING OF ARKANSAS CERTIFIED NURSING ASSISTANT (CNA) CANDIDATES

BOWERS	JESSICA	YES	YES	WARREN
CAMPBELL	JESSICA	YES	YES	WARREN
CHARLES	MICKI	YES	YES	WARREN
DOMINGUEZ	DAISY	YES	YES	WARREN
GARDNER	CIERRA	YES	YES	WARREN
HARPER	LAWANDA	YES	YES	WARREN
HEMPSTEAD	TAYLOR	YES	YES	WARREN
KEMP	KYLYN	YES	YES	WARREN
LAWSON	TERANI	YES	YES	WARREN
NORSEY	JERRY	YES	YES	WARREN
PARKER	SCHERRIE	YES	YES	WARREN
PATTERSON	KENDRA	YES	YES	WARREN
SIGAFUS	SAMANTHA	YES	YES	WARREN
SIMMONS	SHAMEISHA	YES	YES	WARREN
THOMAS	BREANNA	YES	YES	WARREN
WAINWRIGHT	ALEXIS	YES	YES	WARREN
WATSON	JAZZNADA	YES	YES	WARREN

Official Bid Price Sheet / Justification of Prices Quoted

OFFICIAL BID PRICE SHEET

Vendors are to check the box beside the Human Development Center (HDC) which they are bidding. Vendors are allowed to bid on more than one HDC however they must have the minimal number of staff to meet the needs of each HDC for which they are bidding.

☑ Arkadelphia ☑ Booneville ☑ Conway ☑ Jonesboro ☑ Southeast

Respondent proposes to do the work described in the "Scope of Work: of this IFB at the following proposed rate during the anticipated contract period: Bid rate are to be all inclusive there shall be no separate pay for travel or mileage.

DESCRIPTION	RATE TYPE	BID RATE PER HOUR
Certified Nursing Assistant	Weekday 6:00am-6:00pm	$ 32.40
	Weekday 6:00pm-6:00am	$ 32.40
	Weekend (6:00pm Friday thru 6:00am Monday)	$ 32.40
	Holiday*	$ 48.60

**** Holidays are as defined in Section 1.30 "State Holidays" of the IFB document.***

AUTHORIZATION SIGNATURE

By my signature below, I certify that the aforementioned statements are true and correct and that I accept the Terms and Conditions as presented in this bid, and that I am authorized by the respondent to submit this bid on his/her behalf.

Vendor Name: Supplemental Medical Services, Inc. dba StaffLink	**Date:** 06-14-2021
Signature:	**Title:** President
Printed Name: Gretchen Curry	

Price Justisfication Sheet	
Average Hourly Wage	$18.00
FICA (7.65 %)	$1.38
ARK SUTA (3.20%)	$0.58
FUTA (.60%)	$0.11
Workers Comp Rate (3.5%)	$0.63
Payroll Adm Fee (.46%)	$0.49
Direct Hourly Payroll Cost	$21.19
Agency Adm Overhead (25.0% of Hrly Bill Rate)	$8.10
Admin Overhead Includes the following Admin Salaries, Benefits, Rent, Recruitment Cost, Screening/Vetting Cost, Sales, Marketing, Software, Tech & Office Equipment, Etc	
Direct Cost Plus Adm Cost	$29.29
Profit (9.6%)	$3.11
Hourly (Non-holiday) Bill Rate	$32.40