



Tryfacta Inc. Response to

Bid Number: 710-21-0031

Description: Certified Nursing Assistance (CNA)

Bid Response Packet

Submit to:

Arkansas Department of Human Services
Attn: Office of Procurement
700 Main Street Slot W345
Little Rock, AR 72201

Submission by: Tryfacta, Inc.

700 South Street, STE 100, Mountain Home, AR 72653

Phone Number: 408-893-5500 & 925-640-3641

Email: rfp@tryfacta.ai | **Fax:** 408-503-0934

Website: www.tryfacta.ai

Due date: June 18, 2021, 2:00 PM EST



We Protect Lives.



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A. Bid Response Packet

1. An official authorized to bind the vendor(s) to a resultant contract **must** sign the Bid Signature Page.
Bid Signature Page

BID SIGNATURE PAGE

Type or Print the following information.


PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Tryfacta, Inc.			
Address:	700 South Street, STE 100			
City:	Mountain Home	State:	AR	Zip Code: 72653
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit			
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input checked="" type="checkbox"/> Asian American <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> 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:	Arman Dhar	Title:	Account Manager
Phone:	408-893-5500	Alternate Phone:	925-640-3641
Email:	rfp@tryfacta.ai		

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 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.
<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: Account Manager
Use Ink Only.

Printed/Typed Name: Arman Dhar Date: 06/14/2021

2. Vendor's signature on this page shall signify vendor's agreement that either of the following shall cause the vendor's bid to be disqualified:

We have included all the forms on the next pages.

a. Additional terms or conditions submitted intentionally or inadvertently.

We agree with all the terms and conditions mentioned in this Bid and we do not have any additional terms and conditions.

b. Any exception that conflicts with a Requirement of this Bid Solicitation.

We do not have any exception that conflicts with the requirement of this Bid Solicitation.

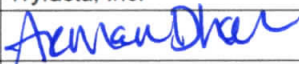
Section 1 - Vendor Agreement and Compliance

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.

None

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

Vendor Name:	Tryfacta, Inc.	Date:	06/14/2021
Signature:		Title:	Account Manager
Printed Name:	Arman Dhar		

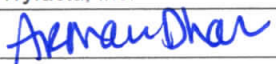
Section 2 - Vendor Agreement and Compliance

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.

None

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

Vendor Name:	Tryfacta, Inc.	Date:	06/14/2021
Signature:		Title:	Account Manager
Printed Name:	Arman Dhar		

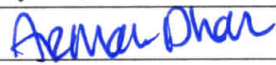
Section 3 - Vendor Agreement and Compliance

SECTION 3 - VENDOR AGREEMENT AND COMPLIANCE

- *Exceptions to Requirements shall cause the vendor's proposal to be disqualified.*

None

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

Vendor Name:	Tryfacta, Inc.	Date:	06/14/2021
Signature:		Title:	Account Manager
Printed Name:	Arman Dhar		

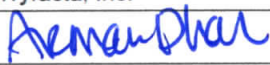
Section 4 - Vendor Agreement and Compliance

SECTION 4 - VENDOR AGREEMENT AND COMPLIANCE

- *Exceptions to Requirements shall cause the vendor's proposal to be disqualified.*

None

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

Vendor Name:	Tryfacta, Inc.	Date:	06/14/2021
Signature:		Title:	Account Manager
Printed Name:	Arman Dhar		

Proposed Subcontractors Form

PROPOSED SUBCONTRACTORS FORM

- Do not include additional information relating to subcontractors on this form or as an attachment to this form.
None

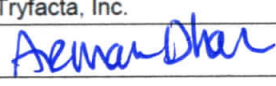
PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP
N/A		

☒ **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:	Tryfacta, Inc.	Date:	06/14/2021
Signature:		Title:	Account Manager
Printed Name:	Arman Dhar		

3. The following items **shall** be submitted with the Bid Response Packet in a sealed envelope:
a. **EO 98-04 Disclosure Form (Attachment A)**

Contract Number _____
Attachment Number _____
Action Number 710-21-0031

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

TAXPAYER ID NUMBER: 611732454 IS THIS FOR: Goods? ☐ Services? ☒ Both? ☐

YOUR LAST NAME: Dhar FIRST NAME: Arman M.I.: L

ADDRESS: 700 South Street, STE 100, CITY: Mountain Home STATE: AR ZIP CODE: 72653 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 710-21-0031

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 Aman Dhar Title Account Manager Date 06/14/2021

Vendor Contact Person Aman Dhar Title Account Manager Phone No. (408) 893-5500

Agency use only

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

DHS Revision 11/05/2014

b. Copy of Vendor's Equal Opportunity Policy



Equal Employment Opportunity Policy

Tryfacta is an equal opportunity employer and makes employment decisions based on merit. We want to have the best available person in every job. Tryfacta's policy prohibits unlawful discrimination based on race, color, creed, gender, religion, marital status, registered domestic partner status, age, national origin or ancestry, physical or mental disability, medical condition including genetic characteristics, sexual orientation, or any other consideration made unlawful by federal, state, or local laws. It also prohibits unlawful discrimination based on the perception that anyone has any characteristics or is associated with a person who has or is perceived as having any of those characteristics. All such discrimination is unlawful. Tryfacta is committed to compliance with all applicable laws providing equal employment opportunities. This commitment applies to all persons involved in company operations and prohibits unlawful discrimination by any employee of Tryfacta, including supervisors and co-workers. To comply with applicable laws ensuring equal employment opportunities to qualified individuals with a disability, Tryfacta will make reasonable accommodations for the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or an employee, unless undue hardship would result. Any applicant or employee who requires an accommodation to perform the job's essential functions should contact the Director of Human Resources with day-to-day personnel responsibilities and request such an accommodation. The individual with the disability should specify what accommodation he or she needs to perform the job. Tryfacta will then investigate to identify the barriers that interfere with the equal opportunity of the applicant or employee to perform his or her job. The company will identify possible accommodations if any, that will help eliminate the limitation. If the accommodation is reasonable and will not impose an undue hardship, Tryfacta will make the accommodation. If you believe you have been subjected to any form of unlawful discrimination, please contact the Director of Human Resources to submit a written complaint. If the complaint implicates the Director of Human Resources, please provide your complaint to the General Manager. Your complaint should be specific and should include the names of the individuals involved and the names of any witnesses. Tryfacta will immediately undertake an effective, thorough, and objective investigation and attempt to resolve the situation. If Tryfacta determines that unlawful discrimination has occurred, effective remedial action will be taken commensurate with the severity of the offense. Appropriate action also will be taken to deter any future discrimination, and you will be notified of the company's response to your complaint. Tryfacta will not retaliate against you for filing a complaint and will not knowingly permit retaliation by management, employees, or your co-workers.

Tryfacta is committed to providing a work environment free of unlawful harassment. Tryfacta policy prohibits sexual harassment and harassment based on pregnancy, childbirth or related medical conditions, race, religious creed, color, gender, national origin, or ancestry, physical or mental disability, medical condition, marital status, registered domestic partner status, age, sexual orientation or any other basis protected by federal, state, or local law or ordinance or regulation. All such harassment is unlawful. It also prohibits unlawful harassment based on the perception that anyone has any characteristics or is associated with a person who has or is perceived as having any characteristics. Tryfacta's anti-harassment policy applies to all persons involved in the company's operation. It prohibits unlawful harassment by any employee of Tryfacta, including supervisors and managers and vendors, customers, independent contractors, and any other persons.

Prohibited unlawful harassment includes, but is not limited to, the following behavior:

- Verbal conducts such as epithets, derogatory jokes or comments, slurs or unwanted sexual advances, invitations, or comments;
- Visual displays such as derogatory and/or sexually oriented posters, photography, cartoons, drawings, or gestures;
- Physical conduct including assault, unwanted touching, intentionally blocking normal movement or interfering with work because of sex, race, or any other protected basis;

- Threats and demands for submitting to sexual requests as a condition of continued employment, avoiding some other loss and offers of employment benefits in return for sexual favours, and retaliation for reporting or threatening to report harassment.

If you believe that you have been unlawfully harassed, immediately bring your complaint to the Director of Human Resources or the General Manager as soon as possible after the incident. You will be asked to provide details of the incident or incidents, names of individuals involved, and names of any witnesses. It would be best to communicate your complaint in writing, but this is not mandatory. Supervisors will refer all harassment complaints to either the Director of Human Resources or the General Manager as appropriate under the circumstances. Tryfacta will immediately undertake an effective, thorough, and objective investigation of the harassment allegations. If Tryfacta determines that unlawful harassment has occurred, effective remedial action will be taken by the circumstances involved. Any employee determined by Tryfacta to be responsible for unlawful harassment will be subject to appropriate disciplinary action, up to and including termination. A company representative will advise all parties concerned about the results of the investigation. Tryfacta will not retaliate against you for filing a complaint and will not tolerate or permit retaliation by management or employees.

Tryfacta encourages all employees to report any incidents of harassment forbidden by this policy immediately so that complaints can be quickly and fairly resolved. You also should be aware that the Equal Employment Opportunity Commission (EEOC) investigates and prosecute complaints of prohibited harassment in employment. If you think you have been harassed or that you have been retaliated against for resisting or complaining, you may file a complaint with the appropriate agency.



c. Signed addenda to this IFB, if applicable. (See Requirement of Addendum.)

We acknowledge the receipt of Q&A.

d. Documentation that vendor meets the minimum qualifications outlined in this IFB. (See Minimum Qualifications.)

Minimum Qualifications

The vendor must meet the following requirements:

A. The vendor must be registered to do business in the State of Arkansas. For verification purposes, vendor must submit official documentation of its active registration from the Arkansas Secretary of State's Office.

09/06/2021

Arkansas Secretary of State



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	TRYFACTA, INC.
Fictitious Names	
Filing #	811264179
Filing Type	Foreign For Profit Corporation
Filed under Act	Dom Bus Corp; 958 of 1987
Status	Good Standing
Principal Address	4637 CHABOT DRIVE, STE 100 PLEASANTON, CA 94588
Reg. Agent	REGISTERED AGENTS INC.
Agent Address	700 SOUTH STREET STE 100 MOUNTAIN HOME, AR 72653
Date Filed	09/09/2020
Officers	RATIKA TYAGI , Incorporator/Organizer RATIKA TYAGI , President
Foreign Name	TRYFACTA, INC.
Foreign Address	4637 CHABOT DRIVE STE 100 PLEASANTON, CA 94588
State of Origin	DE

[Purchase a Certificate of Good Standing for this Entity](#)

[Pay Franchise Tax for this corporation](#)

https://www.sos.arkansas.gov/corps/search_corps.php?DETAIL=566150&corp_type_id=&corp_name=Tryfacta&agent_search=&agent_city=&agent_st... 1/1

B. Each vendor must include with its bid package the following:

- A photocopy of the vendor's license, registration, certificate, and/or permit of operation.



**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

TRYFACTA, INC.

formed under the laws of the state of Delaware, and authorized to transact business in the State of Arkansas as a Foreign For Profit Corporation, was granted a Application for Certificate of Authority by this office September 9, 2020.

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 9th day of June 2021.


John Thurston

Secretary of State

Online Certificate Authorization Code: 81086f79d515207

To verify the Authorization Code, visit sos.arkansas.gov

- A roster listing of all vendor personnel that would be currently available pursuant to this contract. Vendors must have a minimum pool of ten (10) qualified vendor personnel.

Tryfacta has an established organizational structure specific to the *Arkansas Department of Human Services' Certified Nursing Assistants (CNA) staffing services project*. Tryfacta has served and continues to serve various Local, State, and Federal clients on contracts of similar size and scope as that of the Department. Our Account Representatives have worked together extensively, providing contract/project management support to many clients. These personnel have displayed excellent project management acumen in skillfully managing cross-functional teams, providing leadership to technical and business experts, and liaising with client representatives, all by keeping customer satisfaction the top priority.

To build a successful partnership with Department, Tryfacta will assign a local account management team comprising Mr. Arman Dhar as the Account Manager and Ms. Ritika Tyagi as a Recruitment Manager for this contract. Mr. Adesh, as the head of the PMO/CEO, will have overall authority on the contract and will remain connected with the Department Contracting Officer and Contract Officer Representative (CO/COR) through the Account Manager. Under the Support Management Office, Ms. Yamina Rais will take the responsibility of HR Operation Manager. Mr. Deepak Kanyal, with his rich financial experience, will act as an Accounting Executive, and Mr. Manyu will be the Customer Support Representative for this project. Thus, the Department can rest assured that it will always have the fullest and most responsive attention from Tryfacta. Tryfacta's policy mandates that our Account Managers meet at least monthly with each hiring manager to ensure that expectations are being met proactively and ensure that potential risks are identified and dealt with before they become issues. They also ensure that a strong communication channel gets built so that the hiring manager feels comfortable reaching out to them at any time. The following table depicts the relevant experience of our proposed account management team for the Department.

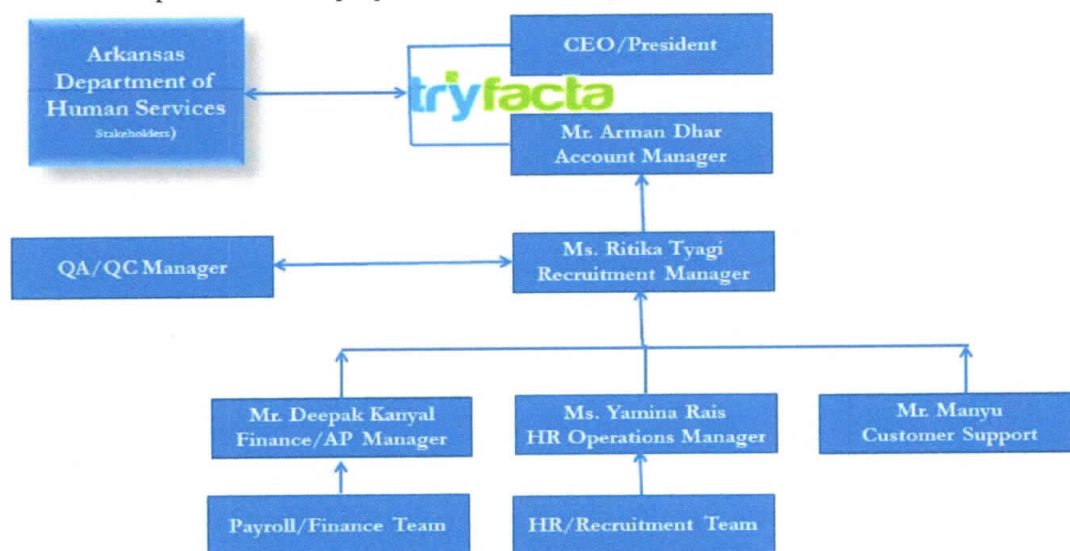


Figure 1: Arkansas Department of Human Services - Tryfacta Project Organization Chart

Based on the inflow of work, we can expand the manpower required to support the Department workflow as we utilize an agile-based Shared Support Services Model. We will use our internal resume database of **3.5+ million pre-vetted resumes**, access to various job sites (*NursingJobs.com, Nurse.com, medicalworkers.com, NurseRecruiter, CareerPharm, Glassdoor, ZipRecruiter, CareerVitals, Care JobBoard, NursingJobCafe.com, NursingCareerBoard.com, Indeed, HealthJobsNationwide.com, Health eCareers, Monster, Dice, Career Builder, etc.*), the internal pool of consultants, and experienced

recruitment staff qualified personnel for fulfilling the Department's staffing requests. The Recruitment process will be executed by a team of local Recruiters supported by our Staffing Center. Our goal would be to hire residents and only bring out state people if there is a lack of local skilled resources for a particular skill. We source qualified personnel using our internal resume database (3.5M+ screened resumes), the internal pool of qualified consultants (3500+), and access to popular job websites, such as Monster, Dice, Indeed, CareerBuilder, etc. Below we have included Tryfacta pool of twenty (20) qualified resources available to join department projects within a short notice period.

<i>Candidate Names</i>	<i>Current Location</i>
<i>Mechelle Anderson</i>	<i>Little Rock, Arkansas</i>
<i>Autumn Meier</i>	<i>Little Rock, Arkansas</i>
<i>Katonya Mitchner</i>	<i>Little Rock, Arkansas</i>
<i>Brittany Basham</i>	<i>Texarkana, Arkansas</i>
<i>Lauren Lockhart</i>	<i>Cedarville, Arkansas</i>
<i>Alesia Roberts</i>	<i>Pine Bluff, Arkansas</i>
<i>Tracy Myers</i>	<i>Springfield, Arkansas</i>
<i>Holly Osborne</i>	<i>Cedarville, Arkansas</i>
<i>Shannon Parker</i>	<i>Siloam Springs, Arkansas</i>
<i>Natoshia Smith</i>	<i>Little Rock, Arkansas</i>
<i>Jacina Ware</i>	<i>Jonesboro, Arkansas</i>
<i>Doris Leigh-Anne Schaffhauser</i>	<i>Magnolia, Arkansas</i>
<i>Latrice Thomas</i>	<i>Sherwood, Arkansas</i>
<i>Wendy Aldana</i>	<i>Centerton, Arkansas</i>
<i>Cole Bennett</i>	<i>Heber Springs, Arkansas</i>
<i>Tina Sineno</i>	<i>Mountain Home, Arkansas</i>
<i>Sherlisha Green</i>	<i>Springdale, Arkansas</i>
<i>Leann James</i>	<i>Paragould, Arkansas</i>
<i>Jayla Jackson</i>	<i>Little Rock, Arkansas</i>
<i>Ebony Adams</i>	<i>Little Rock, Arkansas</i>

Table 1: Tryfacta pool of twenty (20) qualified resources

• A list of at least two (2) current accounts, either commercial or governmental, preferably nursing home or hospital environment within the United States, for which vendor is furnishing this service. The references must include the following: organization name, address, contact person name, email address, phone, and fax numbers.

Tryfacta inc. is providing similar services for the last 25 years. Below we have included four (4) current accounts where we are providing similar healthcare resources.

Organization name	Fort Bend County Health & Human Services
Address	4520 Reading Road. Suite A-100 Rosenberg, TX 77471
Contact person name	Constance P. Bowie MSN, APRN, FNP-C Vaccine Project Manager
Email address	Constance.Bowie@fortbendcountytexas.gov
Phone Number	832-520-8972
Fax Numbers	832-471-1817
Descriptions	Tryfacta is a Preferred Staffing Partner with Fort Bend County. Since the project kick-off in late August 2020, Tryfacta has placed around 120 Registered Nurses (RN), Licensed Vocational Nurses (LVN), Certified Nursing Assistants (CNA), Medical Assistants (MA), and other medical professionals on this contract in various areas across multiple hospitals and locations throughout Fort Bend County. The average SLA to deliver a professional is less than two business days. Tryfacta provides services 24 hours/7days a week.

Organization name	Crimson Solutions
Address	33 S Wood Ave, Suite 600, Iselin, NJ 08830
Contact person name	A. Ghosh, Delivery Manager
Email address	aghosh@crimsonsonline.com
Phone Number	646-893-6110
Fax numbers	N/A
Descriptions	Tryfacta has been a staffing partner with Crimson Solutions for providing healthcare and I.T. resources for government and commercial clients. Tryfacta has staffed healthcare staff and Contractors, including Registered Nurses, Licensed Vocational Nurses, Nurse Practitioners, Certified Nurse-Midwife (CNM), Certified Nursing Assistants, Health advocates, Contact Tracer, Clinical Mental Health Counselor, Administrator, Laboratory Scientist Medical Technologist Communicable Disease Investigator, Social Support Connector. On this contract, our current running rate of around 85 Contractors/ Temporary employee per month. The total headcount since 2015 is approximately 290 Contractors.

Organization name	Regroute, Inc.
Address	1879 Lundy Avenue, Suite 228, San Jose CA 95131
Contact person name	Anoop Kundra, Co-Founder
Email address	anoop@regroute.com
Phone Number	510-427-2004
Fax numbers	N/A
Descriptions	Tryfacta has completed a partnership for providing healthcare resources to Regroute, Inc.'s government and commercial Client. We have engaged more

	<p>than 50+ resources on this contract. These resources are Registered Nurses, Advanced Practice Registered Nurses, Supervisor Registered Nurse, Licensed Practical/Vocational Nurse I, Certified Nursing Assistants, Patient Care Coordinators, Epidemiologists, Case Managers, Medical Technologist, Laboratory Scientist, Communicable Disease Investigator, Contact Tracer and many more.</p> <p>Tryfacta has an excellent turnaround time of fewer than 48 hours to provide the qualified local resources resume. We provided each candidate with a clear background and transportation facility. Tryfacta has a local assigned Account management team for the Reqrout; we send them regular monthly reports for the candidate placed.</p>
--	--

Organization name	Nexent Capital
Address	1 Embarcadero Center, Suite 1510, San Francisco, CA 94111
Contact person name	Adi Vats, Account Manager
Email address	Adi.Vats@Nexent.com
Phone Number	925-380-2147
Fax numbers	N/A
Descriptions	Tryfacta has completed a partnership for providing healthcare resources to Nexent Capital. On this contract, we have engaged resources like Licensed Practical Nurses, Registered Nurses, Supervisor Registered Nurse, Advanced Practice Registered Nurses, Certified Nurse-Midwife (CNM), Certified Registered Nurse Anesthetist (CRNA), Certified Nursing Assistants, Health Advocate, Contact Tracer and many more. Our current running rate is around 45 Temporary resources per month.



Tryfacta Inc. Response to

Bid Number: 710-21-0031

Description: Certified Nursing Assistance (CNA)

Bid Price Sheet

Submit to:

Arkansas Department of Human Services
Attn: Office of Procurement
700 Main Street Slot W345
Little Rock, AR 72201

Submission by: Tryfacta, Inc.

700 South Street, STE 100, Mountain Home, AR 72653

Phone Number: 408-893-5500 & 925-640-3641

Email: rfp@tryfacta.ai | **Fax:** 408-503-0934

Website: www.tryfacta.ai

Due date: June 18, 2021, 2:00 PM EST



We Protect Lives.



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B. Official Bid Price Sheet

1. Vendor's original Official Bid Price Sheet **must** be submitted in hard copy format.

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

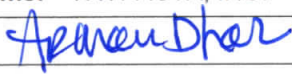
Respondent proposes to do the work described in the "Scope of Work: of this IFB at the following proposed rate during the anticipated contract period: Bid rate are to be all inclusive there shall be no separate pay for travel or mileage.

DESCRIPTION	RATE TYPE	BID RATE PER HOUR
Certified Nursing Assistant	Weekday 6:00am-6:00pm	\$ 22.00
	Weekday 6:00pm-6:00am	\$ 31.46
	Weekend (6:00pm Friday thru 6:00am Monday)	\$ 31.46
	Holiday*	\$ 33.00

* 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: TRYFACTA, INC.	Date: 06/14/2021
Signature: 	Title: Account Manager
Printed Name: Arman Dhar	

A justification of prices quoted should be attached to the Official Bid Price Sheet.

Price Justification

Tryfacta, Inc. is committed to provide certified nursing personnel for the position of Certified Nursing Assistant (CNA) for bid number 710-21-0031. Please see below the breakdown of cost mark-up, which shall be used to meet Arkansas Department of Human Services, Little Rock, AR needs for tasks outlined in bid number 710-21-0031.

Breakdown of Cost	Percentage
Statutory Expenses	
Payroll Taxes	12.00%
Operating Expenses	
Administrative Fees	4.00%
Worker Compensation Insurance	2.00%
Recruitment Fees	5.00%
Miscellaneous Fees	2.00%
Profit Mark-up	5.00%
Total	30.00%

2. Vendor should also submit one (1) electronic copy of the Official Bid Price Sheet, preferably on a flash drive, in a single PDF file.

We have submitted one (1) electronic copy of the Official Bid Price Sheet.

3. The Official Bid Price Sheet, including the hard copy and electronic copy, must be separately sealed from the Bid Response Packet and should be clearly marked as "Pricing." Vendor must not include any pricing in the hard copies or electronic copies of the Bid Response Packet.

We have submitted Tryfacta, Inc Bid Price Sheet response in both hardcopy and electronic copy sealed separately from the Bid Response Packet and marked as "Pricing" on the envelope.