



Tryfacta, Inc. Response to
Request for Proposal #: 710-25-004
Psychological Services for Conway Human
Development Center (CHDC)

Submitted To:

Arkansas Department of Human Services
Office of Procurement

Attention: Susie Taylor

Address: 700 Main Street. Little Rock, AR 72201

Phone: 501-396-6045

Email Id: dhs.op.solicitations@dhs.arkansas.gov

Proposal Opening Date: July 26, 2024, 01:00 PM., CT

Submitted By:

Tryfacta, Inc.

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

Contact Person Name: Arman Dhar, Account Manager

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

Email Id: rpf@tryfacta.com



Table of Contents

Minimum Qualifications	3
<p>The Contractor must be registered to do business in the State of Arkansas and in good standing by the initial start of any resulting contract. For verification purposes, Contractor must provide a Certificate of Good Standing, Certificate of Authority, other required Arkansas Secretary of State documentation such as non-filing or nonqualifying statements, upon DHS request.....</p>	
For Psychological Examiner – psychological examiners license by the Arkansas State Board of Examiners.	5
For School Psychology Specialist – certification as a School Psychology Specialist by the Arkansas Department of Education.	5
For Psychologist – psychology license by the Arkansas State Board of Psychology.	5
Response Packet	6
Bid Signature Page.....	6
Sections 1 - 4 Vendor Agreement and Compliance.....	7
Proposed Subcontractors Form	8
Copy of Vendor’s Equal Opportunity Policy.....	9
EO 98-04 Disclosure Form (Attachment A).....	12
Insurance Requirements.....	14
JCC Certificate.....	16
JCC Certified Healthcare Staffing Company.....	17

Response Packet

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 type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input checked="" type="checkbox"/> Asian American <input type="checkbox"/> 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:	Arman Dhar	Title:	Account Manager		
Phone:	925-640-3641	Alternate Phone:	408-893-5500		
Email:	rfp@tryfacta.com				
CONFIRMATION OF REDACTED COPY					
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>					
ILLEGAL IMMIGRANT CONFIRMATION					
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.					
ISRAEL BOYCOTT RESTRICTION CONFIRMATION					
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.					
<input 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:

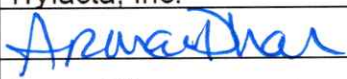
Authorized Signature:  Title: Account Manager
 Printed/Typed Name: Arman Dhar Date: 07/11/2024

Sections 1 - 4 Vendor Agreement and Compliance

SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory must be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

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

Vendor Name:	Tryfacta, Inc.	Date:	07/11/2024
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.

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.



EO 98-04 Disclosure Form (Attachment A)

Contract Number _____
Attachment Number _____
Action Number _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

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

SUBCONTRACTOR: SUBCONTRACTOR NAME:

☐ Yes ☒ No

IS THIS FOR

TAXPAYER ID NAME: 611732454

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 _____

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 Arman Dhar Title Account Manager Date 07/11/2024

Vendor Contact Person Arman Dhar Title Account Manager Phone No. (925) 640-3641

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



IFB Number #: 710-25-004
Psychological Services

Insurance Requirements



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 have ADDITIONAL INSURED provisions or 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 PAYCHEX INSURANCE AGENCY, INC. 150 SAWGRASS DRIVE ROCHESTER, NY 14620	CONTACT NAME: Paychex Insurance Agency Inc PHONE (A/C, No, Ext): 877-266-6850 E-MAIL ADDRESS: certs@paychex.com FAX (A/C, No): 585-389-7426
INSURED Tryfacta Inc 4637 Chabot Dr Suite 100 Pleasanton, CA 94588	INSURER(S) AFFORDING COVERAGE INSURER A: QBE Insurance Corporation INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES		CERTIFICATE NUMBER:		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 SUBR INSD W/D	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$
	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>					EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	QWC3001544	04/16/2023	04/16/2024	X PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						

CERTIFICATE HOLDER Sample Workers Comp Certificate	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 <i>Mary P Storie</i>
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ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 have ADDITIONAL INSURED provisions or 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 Silicon Valley Risk and Insurance Services, L.P. 4 W 4th Ave. San Mateo, CA 94402 www.svris.com OH16080		CONTACT NAME: Jas Goswami PHONE (A/C, No, Ext): 408-236-7412 FAX (A/C, No): 714-573-1770 E-MAIL ADDRESS: jsg@svris.com															
INSURED Tryfacta, Inc. 4637 Chabot Dr., Ste 100 Pleasanton CA 94588		INSURER(S) AFFORDING COVERAGE <table border="1"> <tr> <th>INSURER</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Everest National Insurance Company</td> <td>10120</td> </tr> <tr> <td>INSURER B: Great American Insurance Company</td> <td>16691</td> </tr> <tr> <td>INSURER C: Lloyds of London</td> <td>085202</td> </tr> <tr> <td>INSURER D: Landmark American Insurance Company</td> <td>33138</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER	NAIC #	INSURER A: Everest National Insurance Company	10120	INSURER B: Great American Insurance Company	16691	INSURER C: Lloyds of London	085202	INSURER D: Landmark American Insurance Company	33138	INSURER E:		INSURER F:	
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INSURER E:																	
INSURER F:																	

COVERAGES		CERTIFICATE NUMBER:		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	ADOL SUBR INSD WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		91ML002187-231	11/1/2023	11/1/2024	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPIOP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Insd has NO owned Autos part of General Liab		91ML002187-231	11/1/2023	11/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED RETENTION \$		91EX000470-231	11/1/2023	11/1/2024	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability		91ML002187-231	11/1/2023	11/1/2024	\$2M Agg/Pol Term/\$1M ea clm/Wrongful Act
D	Med Prof Liab (E&O)/Med-Non Med Staff		LMH851050	8/5/2023	8/5/2024	\$1M ea clm/\$3M Agg Ded \$5k per clm
C	Cyber Liab		H23NGP225829-00	5/22/2023	5/22/2024	\$5M xs \$25k Reten/\$1M sublimit/Tech E&O
B	Crime		SAA E5937240300	5/8/2023	5/8/2024	Limit \$1M/lt Occ \$10,000 Deductible
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						

CERTIFICATE HOLDER Sample Certificate of Insurance	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 David Wright
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ACORD 25 (2016/03)

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Minimum Qualifications

The Contractor must be registered to do business in the State of Arkansas and in good standing by the initial start of any resulting contract. For verification purposes, Contractor must provide a **Certificate of Good Standing, Certificate of Authority**, other required **Arkansas Secretary of State** documentation such as non-filing or nonqualifying statements, upon DHS request.

Below we have shared our [Arkansas Secretary of State](#).

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

Good Standing Certificate



**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

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.

For Psychologist – psychology license by the Arkansas State Board of Psychology.

Tryfacta, Inc. will submit all the licenses as mentioned above post-award with the candidate's resumes.

Copy of Vendor's Equal Opportunity Policy

Equal Employment Opportunity (EEO) Form

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 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 of those characteristics or is associated with a person who has or is perceived as having any of those characteristics. All such discrimination is unlawful. Tryfacta complies 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 coworkers. 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 they need to perform the job. Tryfacta then investigates and identifies the barriers that interfere with the equal opportunity of the applicant or employee to perform their 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 unlawful discrimination, don't hesitate to contact the Director of Human Resources to submit a written complaint. If the complaint implicates the Director of Human Resources, then 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 a practical, 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 will also 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 coworkers.

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 of those characteristics or is associated with a person who has or is perceived as having any of those 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, vendors, customers, independent contractors, and any other persons.

- Prohibited unlawful harassment includes, but is not limited to, the following behavior:
- Verbal conduct 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;

📍 4637 Chabot Dr, Suite 100, Pleasanton, CA, 94588
☎ +1 (401) 419-9200
☎ +1 (401) 503-0934 (fax)
✉ Info@tryfacta.com
🌐 www.tryfacta.com









- Threats and demands to submit to sexual requests as a condition of continued employment, or to avoid some other loss and offers of employment benefits in return for sexual favors, 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 any witnesses. It would be best to write your complaint, but this is not mandatory. Supervisors will refer all harassment complaints to the Director of Human Resources or the General Manager as appropriate. Tryfacta will immediately undertake an effective, thorough, and objective investigation of the harassment allegations. If Tryfacta determines unlawful harassment has occurred, effective remedial action will be taken following the circumstances involved. Any employee determined by Tryfacta to be responsible for unlawful harassment will be subject to appropriate disciplinary action, including termination. A company representative will advise all parties concerned of 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 Federal Equal Employment Opportunity Commission and the Arkansas Department of Human Services investigate and prosecute complaints of prohibited harassment in employment. If you think you have been harassed or retaliated against for resisting or complaining, you may file a complaint with the appropriate agency.

 4637 Chabot Dr, Suite 100, Pleasanton, CA, 94588
 +1 (401) 419-9200
+1 (401) 503-0934 (fax)
 Info@tryfacta.com
 www.tryfacta.com





IFB Number #: 710-25-004
Psychological Services

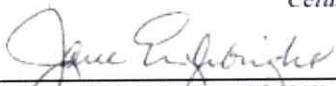
Signed Addenda, if applicable

No Addendum was received.

JCC Certificate


CERTIFICATE OF DISTINCTION*has been awarded to***Tryfacta, Inc.**

Pleasanton, CA

*for***Health Care Staffing***by***The Joint Commission***based on a review of compliance with national standards.***January 14, 2023***Certification is customarily valid for up to 24 months.*
Jane Englebright, PhD, RN, CENP, FAAN
Chair, Board of Commissioners

ID #658570

Print/Reprint Date: 01/23/2023


Jonathan B. Perlman, MD, PhD, MSHA, MACP, FACMI
President and Chief Executive Officer

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in certified organizations. Information about certified organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding certification and the certification performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



This reproduction of the original certification certificate has been issued for use in regulatory/payer agency verification of certification by The Joint Commission. Please consult Quality Check on The Joint Commission's website to confirm the organization's current certification status and for a listing of the organization's locations of care.



IFB Number #: 710-25-004
Psychological Services

JCC Certified Healthcare Staffing Company



January 20, 2023

RATIKA TYAGI
CEO
Tryfacta, Inc.
4637 Chabot Drive, Suite 100
Pleasanton, CA 94588

Joint Commission ID #: 658570
Program: Health Care Staffing Services Certification
Certification Activity: 60-day Evidence of Standards
Compliance
Certification Activity Completed Date : 1/14/2023

Dear Mrs. TYAGI:

The Joint Commission is pleased to grant your organization a Passed Certification decision for all services reviewed under the applicable manual(s) noted below:

Comprehensive Certification Manual for Health Care Staffing Services Certification

This certification cycle is effective beginning November 4, 2022 and is customarily valid for up to 24 months. Please note, The Joint Commission reserves the right to shorten the duration of the cycle.

Should you wish to promote your certification decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your certification decision on Quality Check*.

Congratulations on your achievement.

Sincerely,

Deborah A. Ryan, MS, RN
Executive Vice President
Division of Accreditation and Certification Operations

OFFICIAL BID PRICE SHEET

710-25-004 Psychological Services/CHDC

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 with bid submission.

Quantities are estimated for bidding purposes only. Quantities may increase or decrease.

ITEM	DESCRIPTION	ESTIMATED QUANTITY (Annual Hours)	UNIT PRICE (Hourly Rate)	ANNUAL AMOUNT (Annual Hrs x Unit Price)
1	Psychological Examiner	2,080	\$78.00	\$162,240.00
2	School Psychology Specialist	2,080	\$91.00	\$189,280.00
3	Psychologist	2,080	\$182.00	\$378,560.00

AUTHORIZED SIGNATURE:

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

Vendor Name: Tryfacta, Inc.

Signature: Arman Dhar

Printed Name: Arman Dhar

Date: 7/22/24

Title: Account Manager