

# BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:	WILSON NEUROLOGY PLLC		
Address:	# 10 IRON HORSE ROAD		
City:	LITTLE ROCK	State:	AR Zip Code: 72223
Business Designation:	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit		
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American		
AR Certification #:		* See Minority and Women-Owned Business Policy	
PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for bid solicitation related matters.			
Contact Person:	ELAINE WILSON MD	Title:	PRESIDENT
Phone:	501-416-8112	Alternate Phone:	501-552-4930
Email:			
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>			
COMBINED CERTIFICATIONS FORM			
Prospective Contractor has included, in this submission packet, the signed Attachment H-Combined Certifications for Contracting with the State of Arkansas.			

**An official authorized to bind the Prospective Contractor to a resultant contract must sign below.**

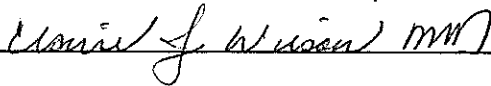
The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's bid to be disqualified:

Authorized Signature: Elaine J. Wilson MD Title: PRESIDENT  
 Printed/Typed Name: ELAINE J WILSON MD Date: 1/24/25

## 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:	WILSON NEUROLOGY PLLC	Date:	1/26/25
Signature:		Title:	PRESIDENT
Printed Name:	ELAINE J. WILSON M.D.		

## PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

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

*Type or Print the following information*

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

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

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

TAXPAYER ID NAME: Wilson Neurology PLLC  
IS THIS FOR: Goods? ☐ Services? ☒ Both? ☐

YOUR LAST NAME: Wilson  
FIRST NAME Elaine  
M.I.: J

ADDRESS: 10 Iron Horse Road

CITY: Little Rock  
STATE: AR  
ZIP CODE: 72223  
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.]	Relation
	Current	Former		From MM/YY	To MM/YY		
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☐ None of the above applies

### FOR AN ENTITY (BUSINESSES) \*

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY			
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

☒ None of the above applies

Contract Number \_\_\_\_\_  
Attachment Number \_\_\_\_\_  
Action Number \_\_\_\_\_

## Contract and Grant Disclosure and Certification Form

**Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.**

**As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:**

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

*Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.*

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

**I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.**

Signature Elaine J. Wilson MD Title President Date 1/26/25  
Vendor Contact Person Elaine J. Wilson MD Title President Phone No. (501) 416-8112

**Agency use only**  
Agency Number 0710 Agency Name Department of Human Services Agency Contact Person \_\_\_\_\_ Contact Phone No. \_\_\_\_\_ or Grant No. \_\_\_\_\_



## COMBINED CERTIFICATIONS FOR CONTRACTING WITH THE STATE OF ARKANSAS

Pursuant to Arkansas law, a vendor must certify as specified below and as designated by the applicable laws.

**1. Israel Boycott Restriction:** For contracts valued at \$1,000 or greater.

A public entity shall not contract with a person or company (the "Contractor") unless the Contractor certifies in writing that the Contractor is not currently engaged in a boycott of Israel. If at any time after signing this certification the Contractor decides to boycott Israel, the Contractor must notify the contracting public entity in writing. See Arkansas Code Annotated § 25-1-503.

**2. Illegal Immigrant Restriction:** For contracts valued at \$25,000 or greater.

No state agency may contract for services with a Contractor who knowingly employs or contracts with an illegal immigrant. The Contractor shall certify that it does not knowingly employ, or contract with, illegal immigrants. See Arkansas Code Annotated § 19-11-105.

**3. Energy, Fossil Fuel, Firearms, and Ammunition Industries Boycott Restriction:** For contracts valued at \$75,000 or greater.

A public entity shall not contract unless the contract includes a written certification that the Contractor is not currently engaged in and agrees not to engage in, a boycott of an Energy, Fossil Fuel, Firearms, or Ammunition Industry for the duration of the contract. See Arkansas Code Annotated § 25-1-1102.

**4. Scrutinized Company Restriction:** Required with bid or proposal submission.

A state agency shall not contract with a Scrutinized Company or a company that employs a Scrutinized Company as a subcontractor. A Scrutinized Company is a company owned in whole or with a majority ownership by the government of the People's Republic of China. A state agency shall require a company that submits a bid or proposal for a contract to certify that it is not a Scrutinized Company and does not employ a Scrutinized Company as a subcontractor. See Arkansas Code Annotated § 25-1-1203.

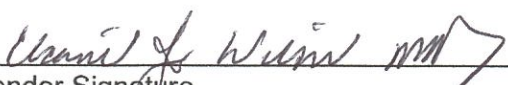
By signing this form, the Contractor agrees and certifies they are not a Scrutinized Company and they do not currently and shall not for the aggregate term of any resultant contract:

- Boycott Israel.
- Knowingly employ or contract with illegal immigrants.
- Boycott Energy, Fossil Fuel, Firearms, or Ammunition Industries.
- Employ a Scrutinized Company as a subcontractor.

Contract Number: \_\_\_\_\_ Description: Neurology Services

Agency Name: Arkansas Department of Human Services

Vendor Number: 0100179009 Vendor Name: Wilson Neurology PLLC

  
Vendor Signature

1/24/25  
Date

## Attachment I

### Neurology Services

*Instructions:* This form is intended to help the State gain a more complete understanding of each Respondent's experience. This form **must** be completed completely and accurately.

The State reserves the right to verify the accuracy of these answers by contacting any of the listed clients, and all applicable clients **must** be listed. Omission of a client will constitute a failure to complete this form.

For purposes of this form, the "client" is not an individual but the entity which held the contract. By way of explanation, in the Contract resulting from this IFB, Arkansas DHS will be the client. For each listed client, Respondents may (but are not required) provide the contact information for a person at the client entity who is knowledgeable of the named project. If the State contacts clients listed on this form, the State reserves the right to contact the listed individual or another person at the listed client.

The boxes below each prompt will expand if necessary. The form **must** be signed (please see the final page) by the same signatory who signed the Response Signature Page.

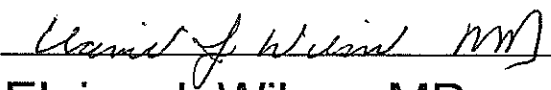
1. Please list clients where you (the prime contractor only) **served as the prime contractor** providing neurology services to individuals with intellectual disabilities for at least three (3) years. For each client, please specify the organization/agency/division, not the individual names. Please briefly describe the scope of the contract and the duration of services. If there are no contracts which meet this definition, please state "none."

Arkadelphia Human Development Center  
Booneville Huma Development Center  
Conway Human Development Center  
Jonesboro Human Development Center

Provide neurological services primarily to Epilepsy patients or other neurological conditions as requested by the primary care provider. This includes review of medications and laboratory work. Communicate recommendations to primary care provider and being on call for questions 24 h/day. For the above agencies, this service has been provided since 2008.

Warren Human Development Center

Provision of the same services since 2019.

Authorized Signature:  Title: President  
Printed/Typed Name: Elaine J. Wilson MD Date: 1/26/25





## Search Incorporations, Cooperatives, Banks and Insurance Companies

Printer Friendly Version

For service of process contact the [Secretary of State's office](#).

For access to our corporations bulk data download service [click here](#).

Back to Search Form

Records Returned: 1

Name

City

State

Status

WILSON NEUROLOGY PLLC

LITTLE ROCK

AR

Good Standing

Showing 1 to 1 of 1 entries





Arkansas State Medical Board  
1401 West Capitol, Suite 340  
Little Rock, AR 72201

Registration Year 2025

Active Unlimited

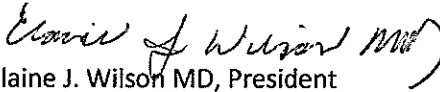
No. C-6076 Issued: 8 10 1981 Expires 1 31 2026

Elaine Iles Jones Wilson, M.D.  
PO Box 241203  
10 Iron Horse Road  
Little Rock, AR, USA 72223

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
AW2536576	05-31-2027	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2 2N 3 3N 4 5	PRACTITIONER	05-03-2024
WILSON, ELAINE JONES MD 10 IRON HORSE RD LITTLE ROCK, AR 722239501		

## EQUAL OPPORTUNITY POLICY

Wilson Neurology PLLC is a sole proprietorship without employees and is not required to have an equal opportunity policy.



Elaine J. Wilson MD, President

Wilson Neurology PLLC