



CONTRACT #	4600040702	2		FEDERAL I.D. #	REDACT	ED
VENDOR #	100183195			MINORITY VENDOR	YES	NO 🔽
PROCUREMENT: Check ONE appr	opriate box	below for th	ne method of pro	ocurement for this contra	act:	
Sole Sour	ve Contract	Cation (Justi	ergency empt by Law ification must be atta	Intergovernme Invitation for B ached) or Statute #:	id 🔲	Request for Proposal Request for Qualifications Special Procurement
TERM DATES:						
The term of this ag	greement sha	all begin on		and Shah end	on	08/31/2018
The term of this ag	greement sha	all begin on	09/01/20 (mm/dd/y	and Shah end	on	08/31/2018 (mm/dd/yyyy)
CONTRACTING PA	ARTIES: is hereinafte	r referred to	(mm/dd/y	and Shah end		(mm/dd/yyyy) ed to as the Vendor.
CONTRACTING PA	ARTIES: is hereinafte		(mm/dd/y	yyy)		(mm/dd/yyyy)
CONTRACTING PA	ARTIES: is hereinafte	r referred to	(mm/dd/y	g and Adult Services		(mm/dd/yyyy) ed to as the Vendor.
CONTRACTING PA State of Arkansas AGENCY NUMBE	ARTIES: is hereinafte R & NAME	r referred to DHS-0710 Southwe	(mm/dd/y o as the agency Division of Agin st Call Center II	g and Adult Services	after referm	(mm/dd/yyyy) ed to as the Vendor.

Total Projected Cost of entire project if all available extensions of this contract are
completed (up to the date anticipated and stated in Section 12)\$464,940.00

4B. SERVICES AND COMMODITIES:

For work to be accomplished under this agreement, the Vendor agrees to provide the services and commodities at the rates as listed herein. If additional space is required, a continuation sheet may be used as an attachment.

SERVICES	QUANTITY	COST PER ITEM	TOTAL COST
24 hour Telephone Answering Service	1.00	66,420.0	0 66,420.00
			0.00
			0.00
			0.00
			0.00
			0.00
		TOTAL SERVICES	\$ 66,420.00

COMMODITIES	QUANTITY	COST PER ITEM	TOTAL COST
N/A			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
And the second		TOTAL COMMODITIES	\$ 0.00

Total cost of services and commodities \$ _____66,420.00

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5. SOURCE OF FUNDS:

Complete appropriate box(es) below to total 100% of the funding in this contract. You may use an attachment if needed.

Fund Source	Identify Source of Funds*	Fund	Fund Center	Amount of Funding	% of Total Contract Cost
Federal Funds				\$	
State Funds**	State General Revenue	PWP2000	896	\$ 66,420.0	0 100.0
Cash Funds				\$	
Trust Funds				\$	
Other Funds				\$	
			TOTALS	\$ 66,420.0	0 % 100.0

* MUST BE SPECIFIC (i.e. fees, tuition, agricultural sales, bond proceeds, donations, etc.)

** "State Funds" is defined as and deemed State General Revenue Dollars. If other state funds are being used such as tobacco funds, general improvement funds, etc., these should be noted. Special revenue funds from taxes or fees generated for the agencies should be shown as "Other" and the actual source of the funds should be clarified in the "Identify Source of Funds."

6. OBJECTIVES AND SCOPE:

State description of services, objectives and scope to be provided. (DO NOT USE "SEE ATTACHED")

To provide Telephone Answering Service to the Division of Aging and Adult Services. Service coverage area: Statewide

7. PERFORMANCE STANDARDS AND COMPENSATION:

List performance standards for the term of the contract. (If necessary, use attachments)

Attachment 1 Performance Indicators

8. ATTACHMENTS:

List ALL attachments to this contract by attachment number:

Attachment 1 Performance IndicatorsAttachment 8 Employee ListAttachment 2 Terms and ConditionsAttachment 8 Employee ListAttachment 3 Bid Tab SheetAttachment 4 DisclosureAttachment 4 DisclosureAttachment 5 Equal Employment Opportunity PolicyAttachment 6 Illegal Immigrant CertificationAttachment 7 Business Associate Agreement

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BILL

9. CERTIFICATION OF VENDOR

Α.	"1,	Celia Broussard	President
	time emp monetary Where th not apply	bloyee of any State agency of the State of A y benefits which would be in violation of th e Vendor is a widely-held public corporation y to any regular corporate dividends paid to e and who owns less than ten percent (10%)	(Title) ny knowledge and belief, no regular full-time or part- irkansas will receive any personal, direct or indirect e law as a result of the execution of this contract." on, the term 'direct or indirect monetary benefits' "shall o a stockholder of said corporation who is also a State 6) of the total outstanding stock of the contracting
В.	List any c	other contracts or subcontracts you have w	vith any other state government entities. (Not applicable o contracts or subcontracts, please put "N/A" or
	460002	26225	
C.			s with any state agencies or represent any clients e agency? (If no controversies, please put "N/A" or
	None		
10. <u>DISC</u>	LOSURE REQ	JIRED BY EXECUTIVE ORDER 98-04:	

Any contract or amendment to a contract executed by an agency which exceeds \$25,000 shall require the Vendor to disclose information as required under the terms of Executive Order 98-04 and the Regulations pursuant thereto. The Vendor shall also require the subcontractor to disclose the same information. The Contract and Grant Disclosure and Certification Form shall be used for this purpose.

Contracts with another government entity such as a state agency, public education institution, federal government entity, or body of a local government are exempt from disclosure requirements.

The failure of any person or entity to disclose as required under any term of Executive Order 98-04, or the violation of any rule, regulation or policy promulgated by the Department of Finance and Administration pursuant to this Order, shall be considered a material breach of the terms of the contract, lease, purchase agreement, or grant and shall subject the party failing to disclose, or in violation, to all legal remedies available to the Agency under the provisions of existing law.

11. CANCELLATION CLAUSE

In the event the State no longer needs the service or commodity specified in the contract or purchase order due to program changes, changes in laws, rules or regulations, relocation of offices or lack of appropriated funding, the State may cancel the contract or purchase order by giving the vendor written notice of such cancellation 30 days prior to the date of cancellation.

12. TERMS:

All official documents and correspondence related to this solicitation are included as part of this contract.

The term of this agreement begins on the date in <u>SECTION 2</u> and will end on the date in <u>SECTION 2</u>. and/or as agreed to separately in writing by both parties.

This contract may be extended until _____08/31/2024 (mm/dd/yyyy), in accordance with the terms stated in

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the Procurement, by written mutual agreement of both parties and subject to: approval of the Arkansas Department of Finance and Administration/Director of the Office of State Procurement, appropriation of necessary funding, and review by any necessary state or federal authority.

Contracts will require review by Legislative Council or Joint Budget Committee <u>prior to the approval of the</u> <u>Department of Finance and Administration/Director of the Office of State Procurement and before the execution date</u> if the total initial contract amount or the total projected amount is greater than or equal to \$100,000, including any amendments or possible extensions.

Any amendment which increases the dollar amount or involves major changes in the objectives and scope of the contract will require review by Legislative Council or Joint Budget Committee.

13. AUTHORITY:

- A. This contract shall be governed by the Laws of the State of Arkansas as interpreted by the Attorney General of the State of Arkansas.
- B. Any legislation that may be enacted subsequent to the date of this agreement, which may cause all or any part of the agreement to be in conflict with the laws of the State of Arkansas, will be given proper consideration if and when this contract is renewed or extended; the contract will be altered to comply with the then applicable laws.

Contract # : _____

DEPARTMENT OF FINANCE AND AD	MINISTRATION D	ATE
APPROVED: Sum R. Churthang	08-23-20	017 SF
ADDRESS	ADDRESS	
629 Martin Luther King Hwy, Lake Charles, LA 70601	Little Rock, AR 72203-1437	
	Division of Aging and Adult Services PO Box 1437 Slot S530	
TITLE Southwest Call Center Inc	TITLE	
President		
VENDOR DATE	AGENCY DIRECTOR	DA
7-24-2017	Craig Cloud Digitally signed by Cr Date: 2017.07.20 15:	aig Cloud 49:29 -05'00'
16. <u>SIGNATURES:</u>		
15. AGENCY SIGNATURE CERTIFIES NO OBLIGATION SUFFICIENT FUNDS ARE AVAILABLE TO PAY THE		
(Telephone #)	(Email)	
(501) 320-6440	shannon.halijan@dhs.arkansas.	gov
(Name)	(Title)	
Shannon Halijan	Director	
Contact #3 - Agency Representative Director or Crit	ical Contact (for time sensitive questions and r	responses)
(Telephone #)	(Email)	
(501) 320-6440	shannon.halijan@dhs.arkansas. (Email)	Jov
(Name)	(Title)	
Shannon Halijan	CFO	
Contact #2 – Agency Representative with knowledge	e of this project (for general questions and resp	onses)
		,
(301) 320-0447 (Telephone #)	(Email)	
(Name) (501) 320-6447	(Title) linda.howard@dhs.arkansas.go	W
	(Title)	