Date Submitted 06/18/2020	Vendor Name JASMINE BASKERVILLE	4600046862	Amend No. 00	Contract Period 07/01/2020 06/30/2021	Method Procurer Request Qualificat	nent for	Am	Contract ount 250.00	Total Projected Amount \$32,250.00
Agency #	Agency Nam	e Division	_	Agency Contac	t Name	_	y Contact		Agency Contact
0023	Administrative Of the Courts			Moshelle He			one No. 410-1956	moshe	E-mail Address elle.helms@arcourts.gov
Item #	Category	Short Description			Quar	ntity	UM Descr	iption	Cost
00002	Personnel	PRO SERVICE,REIMB	EXP LEG	SAL	025	00	Lump S	um	\$1.00
00001	Personnel	PRO SERVICE,ATTOR	NEY		297	50	Lump S	um	\$1.00
Date Submitted 06/18/2020	Vendor Name		Amend No.	Contract Period 07/01/2020	Method Procurer Request	nent	Am	Contract ount 750.00	Total Projected Amount \$25,750.00
		10000 10000	00	06/30/2021	Qualificat		+ ,		¥==,, =====
Agency #	Agency Nam	e Division	A	Agency Contac	t Name		y Contact one No.		Agency Contact E-mail Address
0023	Administrative Of the Courts	fice of		Moshelle He	elms		410-1956	moshe	elle.helms@arcourts.gov
Item #	Category	Short Description			Quar	ntity	UM Descr	iption	Cost
00002	Personnel	PRO SERVICE,REIMB	EXP LEG	SAL	045	00	Lump S	um	\$1.00
00001	Personnel	PRO SERVICE,ATTOR	NEY		212	50	Lump S	um	\$1.00
Date Submitted 06/18/2020	Vendor Name AMY E BOYD P	30111140111401	Amend No.	Contract Period 07/01/2020	Method Procurer Request	nent	Am	Contract ount 250.00	Total Projected Amount \$32,250.00
				06/30/2021	Qualificat				
Agency # 0023	Agency Nam Administrative Of the Courts		A	Agency Contac Moshelle He		Pho	ey Contact one No. 410-1956	moshe	Agency Contact E-mail Address elle.helms@arcourts.gov
Item #	Category	Short Description			Quar	ntity	UM Descr	iption	Cost
00002		PRO SERVICE,REIMB	EXP LEG	SAL	025	_	Lump S	um	\$1.00
00001	Personnel	PRO SERVICE,ATTOR	NEY		297	50	Lump S	um	\$1.00
Date Submitted	Vendor Name		Amend No.	Contract Period	Method Procurer	nent	Amo		Amount
06/18/2020	BOYD CHRISTII	NA 4600046866	00	07/01/2020 06/30/2021	Request Qualificat		\$33,5	00.00	\$33,500.00
Agency #	Agency Nam	e Division	P	Agency Contac	t Name		y Contact one No.		Agency Contact E-mail Address
0023	Administrative Of the Courts	fice of		Moshelle He	elms		410-1956	moshe	elle.helms@arcourts.gov
lto #	Category	Short Description			Quar	ntity	UM Descr	iption	Cost
Item #		onor Description			Quui		· · · · ·		
00002	• •	PRO SERVICE,REIMB	EXP LEG	SAL	020	-	Lump S		\$1.00

al Projected Amount \$33,000.00
333 000 00
,55,000.00
Contact Address
@arcourts.gov
Cost
\$1.00
\$1.00
al Projected
Amount \$34,000.00
Contact
Address @arcourts.gov
Cost
\$1.00
\$1.00
al Projected
Amount \$35,000.00
Contact
Address @arcourts.go\
Cost
\$1.00
\$1.00
al Projected
Amount \$33,000.00
Contact
Address @arcourts.go\
Cost
\$1.00
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Date Submitted 06/18/2020	Vendor Nan JKF PA	ne	Contract No. 4600046875	Amend No. 00	Contract Period 07/01/2020 To 06/30/2021	Method Procure Reques Qualifica	ment t for	Am	Contract ount 000.00	t Total Projected Amount \$33,000.00
Agency #	Agency Na	me	Division	A	Agency Contac	t Name		cy Contact		Agency Contact
0023	Administrative (Office of		•	Moshelle He			one No. 410-1956	moshe	E-mail Address elle.helms@arcourts.gov
Item #	Category	Short [Description			Qua	ntity	UM Descr	iption	Cost
00002	Personnel	PRO S	ERVICE,REIMB	EXP LEG	BAL	015	500	Lump S	um	\$1.00
00001	Personnel	PRO S	ERVICE,ATTORI	NEY		315	500	Lump S	um	\$1.00
Date Submitted	Vendor Nan	ne	Contract No.	Amend No.	Contract Period	Method Procure		Annual (Contract ount	Total Projected Amount
06/18/2020	CHRISTOPH MICHAEL FLO		4600046877	00	07/01/2020 06/30/2021	Reques Qualifica		\$31,3	312.50	\$31,312.50
Agency #	Agency Na	me	Division	A	Agency Contac	t Name		cy Contact one No.		Agency Contact E-mail Address
0023	Administrative (the Court				Moshelle He	elms		410-1956	moshe	elle.helms@arcourts.gov
Item #	Category	Short [Description			Qua	ntity	UM Descr	iption	Cost
00002	Personnel	PRO S	ERVICE,REIMB	EXP LEG	SAL	020	000	Lump S	um	\$1.00
00001	Personnel	PRO S	ERVICE,ATTORI	NEY		293	313	Lump S	um	\$1.00
Date Submitted	Vendor Nan		Contract No.	Amend No.	Contract Period	Method Procure	ment		Contract	Amount
06/18/2020	THERESE M F	REE	4600046878	00	07/01/2020 To 06/30/2021	Reques Qualifica		\$33,	750.00	\$33,750.00
Agency #	Agency Na	me	Division	ļ	Agency Contac	t Name		cy Contact one No.		Agency Contact E-mail Address
0023	Administrative (the Court				Moshelle He	elms		410-1956	moshe	elle.helms@arcourts.gov
Item #	Category	Short [Description			Qua	ntity	UM Descr	iption	Cost
00002	Personnel	PRO S	ERVICE,REIMB	EXP LEG	BAL	040	000	Lump S	um	\$1.00
00001	Personnel	PRO S	ERVICE,ATTORI	NEY		297	7 50	Lump S	um	\$1.00
Date Submitted	Vendor Nan	ne	Contract No.	Amend No.	Contract Period	Method Procure		Annual (Contract ount	Total Projected Amount
06/18/2020	RACHEL FREE	MAN	4600046879	00	07/01/2020 06/30/2021	Reques Qualifica		\$30,5	00.00	\$30,500.00
Agency #	Agency Na	me	Division	A	Agency Contac	t Name		cy Contact one No.		Agency Contact E-mail Address
0023	Administrative (the Court				Moshelle He	elms		410-1956	moshe	elle.helms@arcourts.gov
Item #	Category	Short [Description			Qua	ntity	UM Descr	iption	Cost
00000	Personnel		ERVICE,REIMB I	EXP LEG	SAL	025	500	Lump S	-	\$1.00
00002	1 0100111101		,					•		·

Date Submitted 06/18/2020	Vendor Nan		Contract No. 4600046880	Amend No.	Contract Period 07/01/2020 06/30/2021	Method Procure Reques Qualifica	ment t for		Contract ount 600.00	Total Projected Amount \$34,500.00
Agency #	Agency Na	me	Division	1	Agency Contac		Agend	cy Contact		Agency Contact
0023	Administrative (Division	,	Moshelle He			one No. 410-1956	moshe	E-mail Address elle.helms@arcourts.gov
	the Court				Wideliene Tie	,,,,,,	001	110 1000	11100110	mememe gareeane.gev
Item #	Category	Short De	escription			Qua	ntity	UM Descr	iption	Cost
00002	Personnel	PRO SE	RVICE,REIMB	EXP LEG	BAL	030	000	Lump S	um	\$1.00
00001	Personnel	PRO SE	RVICE,ATTORI	NEY		315	500	Lump S	um	\$1.00
Date Submitted 06/18/2020	Vendor Nan CARLA FULL		Contract No. 4600046881	Amend No.	Contract Period 07/01/2020	Method Procure Reques	ment	Annual (Amo \$34,0		Total Projected Amount \$34,000.00
					06/30/2021	Qualifica				
Agency #	Agency Na	me	Division	A	Agency Contac	t Name	_	cy Contact one No.		Agency Contact E-mail Address
0023	Administrative C the Court				Moshelle He	elms		410-1956	moshe	elle.helms@arcourts.gov
Item #	Category	Short De	escription			Qua	ntity	UM Descr	iption	Cost
00002	Personnel	PRO SE	RVICE,REIMB	EXP LEG	BAL	025	500	Lump S	um	\$1.00
00001	Personnel	PRO SE	RVICE,ATTORI	NEY		315	500	Lump S	um	\$1.00
Date Submitted 06/18/2020	Vendor Nan JENNIFER GLC		Contract No. 4600046882	Amend No. 00	Contract Period 07/01/2020 To 06/30/2021	Method Procure Reques Qualifica	ment t for	Am	Contract ount 500.00	Total Projected Amount \$31,500.00
Agency #	Agency Na	me	Division	ļ	Agency Contac	t Name		cy Contact		Agency Contact
0023	Administrative C	Office of			Moshelle He			one No. 410-1956	moshe	E-mail Address elle.helms@arcourts.gov
Item #	Category	Short De	escription			Qua	ntity	UM Descr	iption	Cost
00002	Personnel	PRO SE	RVICE,REIMB I	EXP LEG	BAL	035	500	Lump S	•	\$1.00
00001	Personnel	PRO SE	RVICE,ATTORI	NEY		280	000	Lump S	um	\$1.00
Date Submitted 06/18/2020	Vendor Nan KELLI E WRIG		Contract No. 4600046920	Amend No. 00	Contract Period 07/01/2020 06/30/2021	Method Procure Reques Qualifica	ment st for	Amo	Contract ount 000.00	Total Projected Amount \$25,000.00
Agency #	Agency Na	me	Division	ļ	Agency Contac	t Name		cy Contact		Agency Contact
0023	Administrative C	Office of			Moshelle He			one No. 410-1956	moshe	E-mail Address elle.helms@arcourts.gov
Item #	Category	Short De	escription			Qua	ntity	UM Descr	iption	Cost
00001	Personnel		RVICE,ATTORI	NEY		225	-	Lump S	=	\$1.00
00002	Personnel		RVICE,REIMB I		SAL	025	500	Lump S		\$1.00

Date Submitted	Vendor Na		Contract No.	Amend No.	Period	Metho Procure	ment	Ame	Contract ount	Total Projected Amount
06/18/2020	MARGO D WA	RNER	4600046919	00	07/01/2020 06/30/2021	Reques Qualifica		\$34,2	200.00	\$34,200.00
Agency #	Agency Na	ame	Division		Agency Contac	ct Name		cy Contact one No.		Agency Contact E-mail Address
0023	Administrative the Cour				Moshelle He	elms		-410-1956		lle.helms@arcourts.gov
Item #	Category	Short [Description			Qua	ntity	UM Descr	iption	Cost
00001	Personnel	PRO S	ERVICE,ATTORI	NEY		31	500	Lump S	um	\$1.00
00002	Personnel	PRO S	ERVICE,REIMB	EXP LEG	GAL .	02	700	Lump S	um	\$1.00
Date Submitted	Vendor Na		Contract No.	Amend No.	Period	Metho Procure	ment	Annual C	unt	Total Projected Amount
06/18/2020	SARGENT LAV	V FIRM	4600046913	00	07/01/2020 To 06/30/2021	Reques Qualifica		\$32,50	00.00	\$32,500.00
Agency #	Agency Na	ame	Division		Agency Contac	ct Name		cy Contact one No.		Agency Contact E-mail Address
0023	Administrative the Cour				Moshelle Ho	elms		-410-1956		lle.helms@arcourts.gov
Item #	Category	Short [Description			Qua	ntity	UM Descr	iption	Cost
00001	Personnel	PRO S	ERVICE,ATTORI	NEY		31	500	Lump S	um	\$1.00
00002	Personnel	PRO S	ERVICE,REIMB	EXP LEG	SAL	01	000	Lump S	um	\$1.00
Date Submitted	Vendor Na	me	Contract No.	Amend No.	Contract Period	Metho Procure			Contract	Total Projected Amount
06/18/2020	LORI MILE	S	4600046909	00	07/01/2020 06/30/2021	Reques Qualifica	st for		ount 000.00	\$25,000.00
Agency #	Agency Na	ame	Division		Agency Contac	ct Name		cy Contact		Agency Contact
0023	Administrative the Cour	Office of			Moshelle He			one No. -410-1956		E-mail Address lle.helms@arcourts.gov
Item #	Category	Short [Description			Qua	ntity	UM Descr	iption	Cost
00001	Personnel		ERVICE,ATTORI	NEY			500	Lump S	=	\$1.00
00002	Personnel	PRO S	ERVICE,REIMB	EXP LEG	SAL	02	500	Lump S	um	\$1.00
Date Submitted	Vendor Na	me	Contract No.	Amend No.	Contract Period	Metho Procure			Contract	Total Projected Amount
06/18/2020	SUZANNI MCCORMI		4600046908	00	07/01/2020 06/30/2021	Reques Qualifica	st for		312.50	\$31,812.50
Agency #	Agency Na	ame	Division		Agency Contac	ct Name		cy Contact one No.		Agency Contact E-mail Address
0023	Administrative the Cour				Moshelle Ho	elms		-410-1956		E-mail Address lle.helms@arcourts.gov
Item #	Category	Short [Description			Qua	ntity	UM Descr	iption	Cost
00001	Personnel	PRO S	ERVICE,ATTORI	NEY		29	313	Lump S	-	\$1.00
00002	Personnel	PRO S	ERVICE,REIMB	EXP LEG	SAL	02	500	Lump S	um	\$1.00

Date Submitted 06/18/2020	Vendor Nai		Contract No. 4600046906	Amend No. 00	Contract Period 07/01/2020 06/30/2021	Method Procure Reques Qualifica	ment at for	Am	Contract ount 000.00	Total Projected Amount \$34,000.00
Agency #	Agency Na	ame	Division	A	Agency Contac	ct Name		cy Contact		Agency Contact
0023	Administrative the Cour	Office of			Moshelle Ho			one No. 410-1956	moshe	E-mail Address elle.helms@arcourts.gov
Item #	Category	Short I	Description			Qua	ntity	UM Descr	iption	Cost
00002	Personnel	PRO S	ERVICE,REIMB I	EXP LEG	SAL		500	Lump S	=	\$1.00
00001	Personnel	PRO S	ERVICE,ATTORI	NEY		318	500	Lump S	um	\$1.00
Date Submitted 06/18/2020	Vendor Na LAURA LINE		Contract No. 4600046905	Amend No. 00	Contract Period 07/01/2020 06/30/2021	Method Procure Reques Qualifica	ment at for	Am	Contract nount 500.00	Total Projected Amount \$33,500.00
Agency #	Agency Na	ame	Division	ļ	Agency Contac	ct Name		cy Contact		Agency Contact
0023	Administrative the Cour	Office of			Moshelle He			one No. 410-1956	moshe	E-mail Address elle.helms@arcourts.gov
Item #	Category	Short [Description			Qua	ntity	UM Descr	iption	Cost
00001	Personnel	PRO S	ERVICE,ATTORI	NEY		31	500	Lump S	um	\$1.00
00002	Personnel	PRO S	ERVICE,REIMB	EXP LEG	BAL	020	000	Lump S	um	\$1.00
Date Submitted 06/18/2020	Vendor Nai	CE OF	Contract No. 4600046889	Amend No.	Contract Period 07/01/2020	Method Procure Reques	ment at for		Contract ount '50.00	Total Projected Amount \$32,750.00
	JANET LAWRI LLC				06/30/2021	Qualifica		cy Contact		Agency Contact
Agency #	Agency Na		Division	ļ	Agency Contac		Ph	one No.		E-mail Address
0023	Administrative the Cour				Moshelle H	elms	501-	410-1956	moshe	elle.helms@arcourts.gov
Item #	Category	Short I	Description			Qua	ntity	UM Descr	iption	Cost
00001	Personnel	PRO S	ERVICE,ATTORI	NEY		29	750	Lump S	um	\$1.00
00002	Personnel	PRO S	ERVICE,REIMB	EXP LEG	SAL	030	000	Lump S	um	\$1.00
Date Submitted	Vendor Naı		Contract No.	Amend No.	Contract Period	Method Procure	ment	Amo	Contract ount	Total Projected Amount
06/18/2020	GINA KNIG	HT	4600046888	00	07/01/2020 06/30/2021	Reques Qualifica		\$33,5	00.00	\$33,500.00
Agency #	Agency Na	ame	Division	ļ	Agency Contac	ct Name		cy Contact one No.		Agency Contact E-mail Address
0023	Administrative the Cour				Moshelle Ho	elms		410-1956		elle.helms@arcourts.gov
Item #	Category	Short I	Description			Qua	ntity	UM Descr	iption	Cost
00002	Personnel	PRO S	ERVICE,REIMB	EXP LEG	SAL	020	000	Lump S	um	\$1.00
	Personnel	PRO S								

Date Submitted 06/18/2020	Vendor Na JENIFER KENI		Contract No. 4600046887	Amend No. 00	Contract Period 07/01/2020 06/30/2021	Method Procure Reques Qualifica	ment st for	Amo	Contract ount	Total Projected Amount \$33,000.00
Agency #	Agency N	ame	Division	ļ	Agency Conta	ct Name		cy Contact		Agency Contact
0023	Administrative the Cour	Office of			Moshelle H			one No. -410-1956		E-mail Address lle.helms@arcourts.gov
Item #	Category	Short	Description			Qua	ntity	UM Descri	ption	Cost
00002	Personnel		SERVICE,REIMB	EXP LEG	BAL		500	Lump St	-	\$1.00
00001	Personnel	PRO S	SERVICE,ATTOR	NEY		318	500	Lump St	um	\$1.00
Date Submitted 06/18/2020	Vendor Na TERRY GOOI JONES		Contract No. 4600046886	Amend No. 00	Contract Period 07/01/2020 06/30/2021	Method Procure Reques Qualifica	ment st for	Annual C Amo \$38,5	unt	Total Projected Amount \$38,500.00
Agency #	Agency N	ame	Division	A	Agency Conta	ct Name		cy Contact		Agency Contact
0023	Administrative the Cour	Office of			Moshelle H			one No. -410-1956		E-mail Address lle.helms@arcourts.gov
Item #	Category	Short	Description			Qua	ntity	UM Descri	ption	Cost
00002	Personnel	PRO S	SERVICE,REIMB	EXP LEG	BAL	070	000	Lump St	um	\$1.00
00001	Personnel	PRO S	SERVICE,ATTOR	NEY		31	500	Lump St	um	\$1.00
Date Submitted 06/29/2020	Vendor Na SCOTT SULL		Contract No. RA211150001	Amend No. 00	Contract Period 07/01/2020 To 06/30/2021	Method Procure Sole Sou Justifica	ment rce by	Annual Co Amoui \$22,500	nt	Total Projected Amount \$22,500.00
Agency #	Agency Na	ame	Division	_	Agency Conta	ct Name		cy Contact		Agency Contact
0115	Southern Ark University - Te Branch	kansas echnical	2	•	GAYE MAN			one No. -574-4509		E-mail Address anning@sautech.edu
Item #	Category	Short	Description			Qua	ntity	UM Descri	ption	Cost
00001	Personnel	Compe	ensation			000	001	Years	i	\$22,500.00
Date Submitted 06/22/2020	Vendor Na KUTAK ROCK		Contract No. RA21150779	Amend No. 00	Contract Period 04/30/2020 06/30/2020	Method Procure Reques Qualifica	ment st for	Annual C Amo \$45,0	unt	Total Projected Amount \$45,000.00
Agency #	Agency N	ame	Division		Agency Conta	ct Name		cy Contact		Agency Contact
0150	University of A for Medical So	rkansas	3	,	TIM STEE			one No. -686-6133		E-mail Address etimothyh@uams.edu
Item #	Category	Short	Description			Qua	ntity	UM Descri	ption	Cost

\$45,000.00

Hour

Legal Services [\$110 to \$375 per hr.]

00001

Personnel

00001

Date Submitted 06/30/2020	Vendor Nar CLEARVIEW DI IMAGE LL	IGITAL	Contract No. 4600046974	Amend No. 00	Contract Period 07/01/2020 06/30/2021	Method Procure Exempt b	ment	Amo	Contract ount 000.00	Total Projected Amount \$240,000.00
Agency #	Agency Na	ame	Division	4	gency Conta	ct Name		cy Contact		Agency Contact
0385	Department of Affairs			•	BARRY GOL			one No. 682-1954	barry.	E-mail Address goldman@arkansas.gov
Item #	Category	Short I	Description			Qua	ntity	UM Descr	iption	Cost
00001	Services	TECH	SERVICE,RADIC	LOGY			000	Lump S	•	\$1.00
Date Submitted 06/30/2020	Vendor Nar GAMMA HEALTI INC		Contract No. 4600046975	Amend No. 00	Contract Period 07/01/2020	Method Procure Exempt b	ment	Amo	Contract ount 000.00	Total Projected Amount \$150,000.00
Agency #	Agency Na	amo.	Division	,	06/30/2021 Agency Conta	ot Nama	Agend	cy Contact		Agency Contact
0385	Department of Affairs		DIVISION	•	BARRY GOL			one No. 682-1954	barry.	E-mail Address goldman@arkansas.gov
Item #	Category	Short I	Description			Qua	ntity	UM Descr	iption	Cost
00001	Services		SERVICE,LAB TI	ESTING		250	000	each	•	\$1.00
Date Submitted 06/15/2020	Vendor Nar TRI COUNTY R HEALTH NETV	RURAL	Contract No. 4600046020	Amend No. 00	Contract Period 07/01/2020 06/30/2024	Method Procure Reques Qualifica	ment at for	Amo	Contract ount 42.86	Total Projected Amount \$225,000.00
Agency #	INC Agency N a	ame	Division	A	gency Conta	ct Name		cy Contact		Agency Contact
0425	Insurance Dep				Becky Cı			one No. 371-2612	BECK	E-mail Address Y.CROW@ARKANSAS. GOV
Item #	Category	Short I	Description			Qua	ntity	UM Descr	iption	Cost
00001	Personnel	PRO S	SERVICE,COMPE	NSATIO	N FEE	32	143	Lump S	um	\$1.00
Date Submitted 06/29/2020	Vendor Na r MAINSTRE		Contract No. 4600046017	Amend No. 00	Contract Period 07/01/2020 06/30/2024	Method Procure Reques Qualifica	ment t for	Amo	Contract ount 000.00	Total Projected Amount \$70,000.00
Agency #	Agency Na	ame	Division	A	gency Conta	ct Name		cy Contact		Agency Contact
0425	Insurance Dep				Becky Cı			one No. 371-2612	BECK	E-mail Address Y.CROW@ARKANSAS. GOV
Item #	Category	Short I	Description			Qua	ntity	UM Descr	iption	Cost
00001	Personnel	PRO S	SERVICE,COMPE	NSATIO	N FEE	100	000	Lump S	um	\$1.00

Date Submitted 06/29/2020	Vendor Nan SOUTH ARKAN REGIONAL HEA	NSAS	Contract No. 4600046015	Amend No. 00	Contract Period 07/01/2020	Method Procure Reques Qualifica	ment st for	Annual (Amo \$10,0		Total Projected Amount \$70,000.00
Agency #	CENTER Agency Na	me	Division		Agency Conta	rt Name		y Contact		Agency Contact
0425	Insurance Depa		DIVISION	,	Becky Cr			one No. 371-2612		E-mail Address Y.CROW@ARKANSAS. GOV
Item #	Category	Short [Description			Qua	ntity	UM Descri	ption	Cost
00001	Personnel	PRO S	ERVICE,COMPE	NSATIO	N FEE	100	000	Lump S	um	\$1.00
Date Submitted 06/15/2020	Vendor Nan TRI COUNTY R HEALTH NETW	URAL	Contract No. 4600046008	Amend No.	Contract Period 01/01/2020 12/31/2023	Method Procure Reques Qualifica	ment st for	Am	Contract ount 000.00	Total Projected Amount \$140,000.00
Agency #	INC Agency Na	me	Division		Agency Conta	rt Name		y Contact		Agency Contact
0425	Insurance Depa		Dividion	,	Becky Cr			one No. 371-2612		E-mail Address Y.CROW@ARKANSAS. GOV
Item #	Category	Short [Description			Qua	ntity	UM Descri	ption	Cost
00001	Personnel	PRO S	ERVICE,COMPE	NSATIO	N FEE	200	000	Lump S	um	\$1.00
Date Submitted 06/29/2020	Vendor Nan MAINSTREA		Contract No. 4600046004	Amend No. 00	Contract Period 07/01/2020 06/30/2024	Method Procure Reques Qualifica	ment st for	Annual (Amo \$4,28	ount	Total Projected Amount \$30,000.00
Agency #	Agency Na	me	Division	A	Agency Conta	ct Name		cy Contact		Agency Contact
0425	Insurance Depa	artment			Becky Cr			one No. 371-2612		E-mail Address Y.CROW@ARKANSAS. GOV
Item #	Category	Short [Description			Qua	ntity	UM Descri	ption	Cost
00001	Personnel	PRO S	ERVICE,COMPE	NSATIO	N FEE	042	286	Lump S	um	\$1.00
Date Submitted 06/29/2020	Vendor Nan		Contract No. 4600046001	Amend No.	Contract Period 07/01/2020	Method Procure Reques	ment	Annual Co Amou \$7,000	ınt	Total Projected Amount \$49,000.00
	REGIONAL HEA	ALTH			06/30/2024	Qualifica		Camtaat		Amonov Contact
Agency #	Agency Na	me	Division	P	Agency Conta	ct Name		cy Contact one No.		Agency Contact E-mail Address
							E04 (274 0040	DECK	/ CDOM/® A DIZANICAC
0425	Insurance Depa	artment			Becky Cr	OW	501-	371-2612	BECK	Y.CROW@ARKANSAS. GOV
• •	Insurance Depa		Description		Becky Cr		501-\	3/1-2612 UM Descri		

Date Submitted 06/29/2020	Vendor Na AREA AGENO AGING O	CY ON F	Contract No. 4600045995	Amend No. 00	Contract Period 07/01/2020 06/30/2024	Method Procure Reques Qualifica	ment t for	Amo	Contract ount 357.14	Total Projected Amount \$300,000.00
Agency #	NORTHWE Agency Na		Division	,	Agency Conta	ct Name		cy Contact		Agency Contact
0425	Insurance Dep		2		Becky Cr			one No. 371-2612	BECK	E-mail Address Y.CROW@ARKANSAS. GOV
Item #	Category	Short	Description			Qua	ntity	UM Descr	iption	Cost
00001	Personnel	PRO S	SERVICE,COMPE	NSATIO	N FEE	428	357	Lump S	um	\$1.00
Date Submitted	Vendor Na	me	Contract No.	Amend No.	Contract Period	Method Procure			Contract	Total Projected Amount
06/08/2020	PATRICIA HEI	NDRIX	4600035944	06	09/15/2015 09/14/2021	Reques Propo		\$8,1	143.00	\$98,000.00
Agency #	Agency Na	ame	Division	ļ	Agency Conta	ct Name		cy Contact one No.		Agency Contact E-mail Address
0440	Oil and C Commiss				DEBRA WEH	IAGEN		683-5814	debra.w	ehagen@aogc.state.ar.us
Item #	Category	Short	Description			Qua	ntity	UM Descr	iption	Cost
00001	Services	SERV	ICE COURT REP	ORTER		748	343	Lump S	um	\$1.00
Date Submitted	Vendor Na	me	Contract No.	Amend No.	Contract Period	Method Procure		Annual (Total Projected Amount
06/24/2020	MANAGEME SERVICES I	FOR	4600046955	00	07/01/2020 06/30/2021	Competiti	ve Bid	\$49,5	30.00	\$49,530.00
Agency #	EDUCATION Agency N a		Division	A	Agency Conta	ct Name		cy Contact one No.		Agency Contact E-mail Address
0500	Departme Education				Judi Fre	ee		682-4479	Jud	i.Free@arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descr	iption	Cost
00001	Services	TECH WEB-	SERVICE,DATAE BASE	BASE MA	NAGEMNT,	495	530	Lump S	um	\$1.00
Date Submitted	Vendor Na	me	Contract No.	Amend No.	Contract Period	Method Procure			Contract	Total Projected Amount
06/09/2020	COX VALL ENTERPRISE		4600042076	00	06/30/2019 06/30/2021	Competiti			080.08	\$80,640.00
Agency #	Agency Na	ame	Division	A	Agency Conta	ct Name		cy Contact one No.		Agency Contact E-mail Address
0710	Arkansas Dep	artment	Division of Cou	unty	BRANDI BE	NSEN		682-6320	linda.s	traw@dhs.arkansas.gov
0710	of Human Se		Operations							
Item #		ervices	Operations Description			Qua	ntity	UM Descr	iption	Cost

Date Submitted	Vendor Na	me	Contract No.	Ameno No.	Contract	Method Procure			Contract ount	Total Projected Amount
06/17/2020	SAMMY RAI	NEY	4600042075	03	07/01/2018 06/30/2021	Competiti	ve Bid	\$8,1	00.00	\$56,700.00
Agency #	Agency N	ame	Division		Agency Conta	act Name		cy Contact one No.		Agency Contact E-mail Address
0710	Arkansas Dep of Human Se		Division of Co Operations		BRANDI BE	INSEN		320-6476	dedra.l	ovins@dhs.arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descr	iption	Cost
00001	Services	TECH	SERVICE,JANIT	ORIAL		000	012	Month	ıs	\$675.00
Date Submitted	Vendor Na		Contract No.	Amend No.	Period	Metho Procure	ment	Amo	Contract ount	Total Projected Amount
06/09/2020	COX VALL ENTERPRISE		4600042074	03	07/01/2018 06/30/2021	Competiti	ve Bid	\$13,1	51.52	\$92,060.64
Agency #	Agency N	ame	Division		Agency Conta	act Name		cy Contact one No.		Agency Contact E-mail Address
0710	Arkansas Dep of Human Se		Division of Co Operations		BRANDI BE	NSEN	501-	682-6320	linda.s	straw@dhs.arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descr	iption	Cost
00001	Services	TECH	SERVICE,JANIT	ORIAL		000	012	Month	ıs	\$1,095.96
Date Submitted	Vendor Na	me	Contract No.	Amend No.	l Contract Period	Metho Procure			Contract ount	Total Projected Amount
06/19/2020	SAMMY RAI	NEY	4600042072	03	07/01/2018 06/30/2021	Competiti	ve Bid	\$8,1	33.84	\$56,936.88
Agency #	Agency N	ame	Division		Agency Conta	act Name		cy Contact one No.		Agency Contact E-mail Address
0710	Arkansas Dep of Human Se		Division of Co Operations		BRANDI BE	NSEN		320-6476	dh	s.rmu@arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descr	iption	Cost
00001	Services	TECH	SERVICE,JANIT	ORIAL		000	012	Month	ıs	\$677.82
Date	Vendor Na	me	Contract No.	Amend		Metho			Contract	
Submitted 06/10/2020	JACKIE FAR	MER	4600038727	No. 04	Period 10/21/2016 To 06/30/2021	Procure Competiti			ount 200.00	Amount \$155,400.00
Agency #	Agency N	ame	Division		Agency Conta	act Name		cy Contact one No.		Agency Contact E-mail Address
0710	Arkansas Dep of Human Se		Division of Co Operations		BRANDI BE	NSON		320-6576	linda.s	straw@dhs.arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descr	iption	Cost
00001	Services	TECH	SERVICE, JANIT	ORIAL		000	_	Months		\$1,850.00

Date Submitted 06/19/2020	Vendor Na OJS SERVICE INC		Contract No. 4600038539	Amend No. 04	Contract Period 07/01/2017 To 06/30/2021	Method Procure Competiti	ment	Annual Contrac Amount \$11,989.56	Total Projected Amount \$83,926.50
Agency #	Agency Na	ame	Division		Agency Conta	act Name		cy Contact	Agency Contact
0710	Arkansas Dep		Division of Cou		BRANDI BE			one No. 320-6476	E-mail Address hs.rmu@arkansas.gov
07.10	of Human Se		Operations		BIVAINDI BE	INOLIN	301-	020-0470 u	ns.mu@arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Description	Cost
00001	Services	TECH	SERVICE, JANIT	ORIAL		000	060	Months	\$999.13
Date Submitted 06/23/2020	Vendor Na OJS SERVICE INC		Contract No. 4600037821	Amend No. 05	Contract Period 07/01/2017 To 06/30/2021	Methodore Procure Competiti	ment	Annual Contrac Amount \$12,108.48	ct Total Projected Amount \$84,760.00
Agency #	Agency Na	ame	Division		Agency Conta	act Name		cy Contact	Agency Contact
0710	Arkansas Dep of Human Se	artment	Division of Cou Operations	unty	BRANDI BE			one No. 320-6476 d	E-mail Address hs.rmu@arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Description	Cost
00001	Services	TECH	SERVICE, JANITO	ORIAL		000	072	Months	\$1,009.04
Date Submitted 06/04/2020	Vendor Na JOHNNY RAY H		Contract No. 4600037802	Amend No. 04	Contract Period 07/01/2017 70 06/30/2021	Methodore Procure Competiti	ment	Annual Contra Amount \$8,928.00	Act Total Projected Amount \$69,496.00
Agency #	Agency Na	ame	Division		Agency Conta	act Name		cy Contact	Agency Contact
0710	Arkansas Dep of Human Se		Division of Cou Operations		BRANDI BE	ENSEN		one No. 320-6476 leonty	E-mail Address ne.west@dhs.arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Description	Cost
00001	Services		SERVICE, JANIT	ORIAL			060	Months	\$744.00
Date Submitted	Vendor Na		Contract No.	Amend No.	Period	Method Procure	ment	Annual Contrac	Amount
06/19/2020	SAMMY RAII	NE Y	4600037799	04	07/01/2017 To 06/30/2021	Competiti	ve Bia	\$7,176.00	\$50,232.00
Agency #	Agency Na	ame	Division		Agency Conta	act Name		cy Contact one No.	Agency Contact E-mail Address
0710	Arkansas Dep of Human Se		Division of Cou Operations		BRANDI BE	ENSEN			hs.rmu@arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Description	Cost
00001	Services		SERVICE, JANIT	ORIAL			060	Months	\$598.00

Date Submitted 06/09/2020	Vendor Name OJS SERVICE TWO INC	Contract No. 4600037782	Amend No. 04	Contract Period 08/19/2016 To 06/30/2021	Method Procure Competiti	ment	Annual (Amo \$34,4		t Total Projected Amount \$241,017.00
Agency #	Agency Name	Division	ļ	Agency Conta	ct Name		cy Contact		Agency Contact
0710	Arkansas Department of Human Services		unty	BRANDI BE			one No. 320-6476	dh	E-mail Address s.rmu@arkansas.gov
Item # 00001		rt Description CH SERVICE, JANIT	ORIAL		Qua 000	-	UM Descrip Months	otion	Cost \$2,869.25
Date Submitted 06/22/2020	Vendor Name MYERS AND STAUFFER LC	Contract No. 4600037181	Amend No. 04	Contract Period 07/01/2016 To 06/30/2021	Method Procure Competitiv	ment	Annual C Amou \$48,80	unt	Total Projected Amount \$338,100.00
Agency #	Agency Name	Division	A	ا کاری کاری کاری Agency Conta	ct Name		cy Contact one No.		Agency Contact E-mail Address
0710	Arkansas Department of Human Services	nt Division of Med Services	dical	BRANDI BE	NSEN		320 6476	linda.s	straw@dhs.arkansas.gov
Item # 00001	• •	rt Description CH SERVICE, JANIT	ORIAL		Qua 000	-	UM Descrip Months	otion	Cost \$2,869.25
Date Submitted 06/22/2020	Vendor Name MARTIN COUNSELIN SERVICES LLC	Contract No. G 4600037149	Amend No. 06	Contract Period 07/01/2016 To 06/30/2021	Method Procured Reques Propos	ment t for	Annual Co Amou \$11,42	ınt	Total Projected Amount \$80,000.00
Agency #	Agency Name	Division	A	Agency Conta	ct Name		cy Contact one No.		Agency Contact E-mail Address
0710	Arkansas Department of Human Services	nt Division of Child Family Service		BRANDI BE	NSON			brandi.b	enson@dhs.arkansas.gov
Item # 00002 00003	Personnel PRO	rt Description) SERVICE, INTENS) SERVICE, INTENS			Qua 3000 1000	00	UM Descrip Lump Su Lump Su	ım	Cost \$1.00 \$1.00
Date Submitted 06/22/2020	Vendor Name SAMMY RAINEY	Contract No. 4600035473	Amend No. 06	Contract Period 07/01/2016 To 06/30/2021	Method Procured Competition	ment	Annual Co Amou \$12,28	ınt	Total Projected Amount \$86,016.00
Agency #	Agency Name	Division	ı	Agency Conta	ct Name		cy Contact		Agency Contact
0710	Arkansas Departme of Human Services	nt Division of Cou	unty	BRANDI BE			one No. 682-6320	linda.s	E-mail Address straw@dhs.arkansas.gov
Item #	Category Sho	rt Description			Qua	ntity	UM Descrip	otion	Cost
00001		RVICE, JANITORIAL	., MONTH	HLY	000	-	Months		\$1,024.00

Date Submitted 06/23/2020	Vendor Nai OJS SERVICE INC		Contract No. 4600035468	Amend No. 05	Contract Period 06/01/2017 06/30/2021	Method Procure Competitiv	ment	Annual Co Amou \$7,208	nt	Total Projected Amount \$50,458.40
Agency #	Agency Na	ame	Division	A	Agency Conta	ct Name		y Contact		gency Contact
0710	Arkansas Dep of Human Se	artment	Division of Co Operations	unty	BRANDI BE			one No. 320-6476		-mail Address mu@arkansas.gov
Item #	Category	Short I	Description			Qua	ntity	UM Descrip	tion	Cost
00001	Services		CE, JANITORIAL	., MONTH	ILY	000	•	Months		\$600.70
Date Submitted 06/21/2020	Vendor Na		Contract No. 4600035467	Amend No.	Contract Period 07/01/2016	Method Procure Competiti	ment	Annual Co Amou \$12,717	nt	Total Projected Amount \$89,025.09
00/21/2020	INC	1000	4600033467	05	To 06/30/2021	Competiti	ve blu	φ12,717	.04	φοθ,023.09
Agency #	Agency Na	ame	Division	A	Agency Conta	ct Name		y Contact		gency Contact -mail Address
0710	Arkansas Dep of Human Se	artment	Division of Co Operations	unty	BRANDI BE			one No. 682-6320	_	-mail Address aw@dhs.arkansas.gov
Item #	Category	Short I	Description			Qua	ntitv	UM Descript	ion	Cost
00001	Services		CE, JANITORIAL	., MONTH	ILY	0000	-	Months		\$1,059.82
Date Submitted 06/23/2020	Vendor Na		Contract No. 4600035466	Amend No.	Contract Period 07/01/2015	Method Procure Competiti	ment	Annual Co Amou \$14,82	nt	Total Projected Amount \$103,748.40
	INC				06/30/2021	•				. ,
Agency #	Agency Na	ame	Division	A	Agency Conta	ct Name	_	y Contact one No.		gency Contact -mail Address
0710	Arkansas Dep of Human Se		Division of Co Operations		BRANDI BEI	NSON		320-6576		mu@arkansas.gov
Item #	Category	01	Dagarintian			0	ntity	UM Descript	ion	Cost
00001	Services		Description ICE, JANITORIAL	_, MONTH	HLY	Qua 000	-	Months		\$1,235.10
Date		SERVI	•	Amend	Contract		72	Months Annual Co	ntract	\$1,235.10 Total Projected Amount
Date Submitted	Services	SERVI me	ICE, JANITORIAL		Contract	000	72 I of ment	Months	entract nt	Total Projected
Date Submitted	Services Vendor Na OJS SERVICE	me TWO	Contract No.	Amend No. 05	Contract Period 07/01/2017	Method Procure Competition	d of ment we Bid	Annual Co Amou \$12,390	entract nt 0.48	Total Projected Amount \$86,733.36
Date Submitted 06/21/2020	Vendor National OJS SERVICE INC	me TWO	Contract No. 4600035461	Amend No. 05	Contract Period 07/01/2017 To 06/30/2021	Method Procured Competition	d of ment ve Bid Agenc Pho	Annual Co Amou \$12,390	entract nt 0.48 A	Total Projected Amount \$86,733.36
Date Submitted 06/21/2020 Agency #	Vendor Nan OJS SERVICE INC Agency Nan Arkansas Dep	me TWO ame artment	Contract No. 4600035461 Division Division of Co	Amend No. 05	Contract Period 07/01/2017 To 06/30/2021 Agency Conta	Method Procured Competition	of of ment we Bid Agence Pho	Annual Co Amou \$12,390 by Contact one No.	entract nt 0.48 A E linda.stra	Total Projected Amount \$86,733.36 gency Contact -mail Address

Date Submitted 06/19/2020 Agency #	Vendor Name OJS SERVICE TWO INC Agency Name	Contract No. 4600035460 Division	Amend No. 05	Contract Period 07/01/2016 06/30/2021	Method Procured Competition	ment ve Bid Agenc	Annual Co Amou \$12,717 by Contact one No.	nt 7.84 A	Total Projected Amount \$89,024.60 gency Contact E-mail Address
0710	Arkansas Department of Human Services	Division of Co Operations		BRANDI BEN	NSEN		320-6476		rmu@arkansas.gov
Item # 00001	• •	Description ICE, JANITORIAL	, MONTH	LY	Qua	•	UM Descript Months	ion	Cost \$1,059.82
Date Submitted 06/18/2020	Vendor Name OJS SERVICE TWO INC	Contract No. 4600035459	Amend No. 05	Contract Period 08/19/2016 To 06/30/2021	Method Procured Competitive	ment	Annual Cor Amour \$23,183	nt	Total Projected Amount \$162,284.64
Agency #	Agency Name	Division	Δ	gency Contac	ct Name		y Contact one No.		gency Contact E-mail Address
0710	Arkansas Department of Human Services	Division of Co Operations	•	BRANDI BEN	NSEN		320-6476		rmu@arkansas.gov
Item # 00001	0 ,	Description ICE, JANITORIAL	., MONTH	ILY	Qua 0007	•	UM Descript Months	ion	Cost \$1,931.96
Date Submitted 06/08/2020	Vendor Name LIFE STRATEGIES COUNSELING INC	Contract No. 4600034188	Amend No. 08	Contract Period 07/01/2015 To 06/30/2021	Method Procured Reques Propos	ment t for	Annual Co Amou \$25,57	nt	Total Projected Amount \$179,000.00
Agency #	Agency Name	Division	Δ	gency Contac	ct Name		y Contact		gency Contact
0710	Arkansas Department of Human Services	Division of Child Family Service	Iren &	BRANDI BEN			one No. 320-6476		E-mail Address bensen@arkansas.gov
Item # 00001 00002	Personnel PROF	Description SERVICE, INTE SERVICE, SPECIA			Qua 1200 1580	00	UM Descript Lump Sum Lump Sum	1	Cost 1.00 1.00
Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method Procure	ment	Annual Co Amou		Total Projected Amount
06/24/2020	UNIVERSITY OF ARKANSAS AT LITTLE ROCK	4600034056	06	07/01/2015 ₁ 06/30/2021	Intergovern		\$9,386		\$121,288.44
Agency #	Agency Name	Division	A	gency Contac	ct Name		y Contact one No.		gency Contact E-mail Address
0710	Arkansas Department of Human Services	Division of Developmen		BRANDI BEN	NSON		320-6476		rmu@arkansas.gov
Item # 00002 00003	Expenses REIM	Description B EXP PROF & A SERVICE, INTER		(Qua 3800 4961	00	UM Descript Lump Sun Lump Sun	n	Cost \$1.00 \$1.00

Date Submitted 06/17/2020	Vendor Nam OJS SERVICE		Contract No. 4600042078	Ameno No. 03	Contract Period 07/01/2018 To 06/30/2021	Methodore Procure Competition	ment	Am	Contract ount 97.00	Total Projected Amount \$58,779.00
Agency #	Agency Na	me	Division		Agency Conta	ct Name		cy Contact		Agency Contact
0710	Arkansas Depa of Human Ser	artment	Division of Cou Operations	unty	BRANDI BE			one No. 320-6476		E-mail Address vins@dhs.arkansas.gov
Item #	Category	Short I	Description			Qua	ntity	UM Descr	iption	Cost
00001	Services	TECH	SERVICE,JANIT	ORIAL		000	048	Month	is	\$699.75
Date Submitted 06/21/2020	Vendor Nam SAMMY RAIN		Contract No. 4600044520	Amend No. 01	Contract Period 07/01/2019 To 06/30/2021	Methodore Procure Competiti	ment	Am	Contract ount 631.12	Total Projected Amount \$81,417.84
Agency #	Agency Na	me	Division		Agency Conta	ct Name		cy Contact one No.		Agency Contact E-mail Address
0710	Arkansas Depa of Human Ser		Division of Cou Operations		BRANDI BE	NSEN		682-6320	-	raw@dhs.arkansas.gov
Item #	Category	Short I	Description			Qua	ntity	UM Descr	iption	Cost
00001	Services	TECH	SERVICE,JANITO	ORIAL		000	012	Month	ıs	\$969.26
Date Submitted 06/09/2020	Vendor Nam AMERICAN JANITORIAL I	1	Contract No. 4600044504	Amend No. 01	Contract Period 07/01/2019 06/30/2021	Methodore Procure Competiti	ment	Am	Contract ount 284.00	Total Projected Amount \$113,988.00
Agency #	Agency Na	me	Division		Agency Conta	ct Name		cy Contact one No.		Agency Contact E-mail Address
0710	Arkansas Depa of Human Ser		Division of Cou Operations	•	BRANDI BE	NSON		320-6476	-	raw@dhs.arkansas.gov
Item # 00001	Category Services		Description SERVICE, JANITO	ORIAL		Qua 000	ntity 12	UM Descr Months	•	Cost \$1,357.00
Date Submitted	Vendor Nam	ne	Contract No.	Ameno No.	Contract	Method Procure			Contract	Total Projected Amount
06/10/2020	DONNA D HAI	NEY	4600044338	01	07/01/2019 06/30/2021	Small C		\$14	,727.36	\$103,091.52
Agency #	Agency Na	me	Division		Agency Conta	ct Name		cy Contact one No.		Agency Contact E-mail Address
0710	Arkansas Depa of Human Ser		Division of Cou Operations		BRANDI BE	NSEN		320-6476		raw@dhs.arkansas.gov
Item # 00001	Category Services		Description SERVICE, JANIT	ORIAL		Qua 000	ntity 24	UM Descr Month	-	Cost \$1,227.28

Date Submitted 06/10/2020	Vendor Na	STOM	Contract No. 4600044337	Amend No.	Period 07/01/2019	Metho Procure Small C	ment	Am	Contract ount 990.00	Total Projected Amount \$139,930.00
	CLEANIN	G			06/30/2021			_		
Agency #	Agency Na	ame	Division		Agency Conta	ct Name		cy Contact one No.		Agency Contact E-mail Address
0710	Arkansas Dep of Human Se		Division of Co Operations	•	BRANDI BE	NSEN		320-6476	linda.s	traw@dhs.arkansas.gov
Item # 00001 00002	Category Services Services	TECH	Description SERVICE, JANIT SERVICE, JANIT			Qua 000 000		UM Descr Month Month	s	Cost \$1,665.83 \$1,665.87
Date				Ameno	l Contract	Metho	d of	Annual	Contract	Total Projected
Submitted	Vendor Na	me	Contract No.	No.	Period	Procure			ount	Amount
06/08/2020	NATHAN BRA ROBINSO		4600044235	01	07/01/2019 06/30/2021	Small C	Order	\$18,	646.92	\$130,528.44
Agency #	Agency Na	ame	Division		Agency Conta	ct Name		cy Contact one No.		Agency Contact E-mail Address
0710	Arkansas Dep of Human Se		Division of Co Operations		BRANDI BE	NSEN	501-	320-6476	dhs	s.rmu@arkansas.gov
Item # 00001	Category Services		Description SERVICE, JANIT	ORIAL		Qua 000	ntity 24	UM Descr Months	iption	Cost \$1,553.91
Date Submitted	Vendor Na	me	Contract No.	Amend No.	l Contract Period	Metho-			Contract	t Total Projected Amount
06/12/2020	COX VALL ENTERPRISE		4600044215	01	07/01/2019 06/30/2021	Small C	Order	\$10	550.40	\$73,852.80
Agency #	Agency Na	ame	Division		Agency Conta	ct Name		cy Contact one No.		Agency Contact E-mail Address
0710	Arkansas Dep of Human Se		Division of Co Operations		BRANDI BE	NSEN		320-6476	dedra.lo	ovins@dhs.arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descr	iption	Cost
00001	Services	TECH	SERVICE, JANIT	ORIAL		00	012	Month	is	\$879.20
Date	Vendor Na	me	Contract No.	Amend		Metho			Contract	•
Submitted 06/09/2020	COX VALL ENTERPRISE		4600044214	No. 01	Period 07/01/2019 To 06/30/2021	Procure Small C			ount 08.72	Amount \$67,961.04
Agency #	Agency Na	ame	Division		Agency Conta	ct Name		cy Contact one No.		Agency Contact E-mail Address
0710	Arkansas Dep of Human Se		Division of Co Operations		BRANDI BE	NSEN		682-6320	linda.s	traw@dhs.arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descr	iption	Cost
00001	Services		SERVICE, JANIT	ORIAL			012	Month	-	\$809.06
00001	Services	IECH	SERVICE, JAINII	UKIAL		00	012	iviontr	15	φαυ9.0b

Date Submitted 06/10/2020	Vendor Na STEPHEN G CC		Contract No. 4600044050	Amend No. 01	Contract Period 07/01/2019 06/30/2021	Method Procure Small C	ment	Annual (Amc \$11,2	ount	Total Projected Amount \$78,750.00
Agency #	Agency Na	ame	Division		Agency Conta	ct Name		y Contact		Agency Contact
0710	Arkansas Dep of Human Se	artment	Division of Cou Operations	unty	BRANDI BE			one No. 682-6320	linda.s	E-mail Address traw@dhs.arkansas.gov
Item #	Category	Short I	Description			Qua	ntity	UM Descri	ption	Cost
00001	Services	TECH	SERVICE,JANITO	ORIAL		000	012	Month	S	\$937.50
Date Submitted 06/05/2020	Vendor Na		Contract No. 4600046273	Amend No.	Period 07/01/2020	Method Procure Invitation	ment	Annual (Amo \$9,8		Total Projected Amount \$69,249.60
	INC				06/30/2021		Agenc	cy Contact		Agency Contact
Agency #	Agency Na		Division		Agency Conta		Pho	one No.		E-mail Address
0710	Arkansas Dep of Human Se		Division of Cou Operations		BRANDI BE	NSEN	501-3	320-6476	dhs.rı	mu@dhs.arkansas.gov
Item #	Category	Short I	Description			Qua	ntity	UM Descri	ption	Cost
00001	Services	TECH	SERVICE,JANITO	ORIAL		000	012	Month	S	\$824.40
Date Submitted 06/09/2020	Vendor Na OJS SERVICE INC		Contract No. 4600046279	Amend No.	Period 07/01/2020	Method Procure Invitation	ment	Annual (Amo \$23,6	unt	Total Projected Amount \$165,438.84
A	_		Division		06/30/2021	-4 N	Agenc	cy Contact		Agency Contact
Agency # 0710	Agency Na Arkansas Dep		Division Division of Cou		Agency Conta BRANDI BE		Pho	one No. 682-6320		E-mail Address traw@dhs.arkansas.gov
	of Human Se		Operations	•	510 11 151 52	. 10211	001	302 3020	maaio	iran Gariolamanoaolgev
Item #	Category	Short I	Description			Qua	ntity	UM Descri	ption	Cost
00001	Services	TECH	SERVICE,JANITO	ORIAL		000	012	Month	S	\$1,969.51
Date Submitted	Vendor Na	me	Contract No.	Amend No.	Contract Period	Method Procure		Annual (Total Projected Amount
06/09/2020	OJS SERVICE INC	TWO	4600046280	00	07/01/2020 06/30/2021	Invitation			02.24	\$101,515.68
Agency #	Agency Na	ame	Division		Agency Conta	ct Name		cy Contact		Agency Contact
0710	Arkansas Dep of Human Se	artment	Division of Cou Operations	unty	BRANDI BE			one No. 682-6320	linda.s	E-mail Address traw@dhs.arkansas.gov
	_	01	Docamintion			_				Cost
Item #	Category	Snort	Description			Qua	ntity	UM Descri	ption	COSI

Date Submitted 06/23/2020 Agency # 0710	Vendor Nati CLEARVIEW D IMAGE LL Agency Nati Arkansas Dep of Human Se	IGITAL C ame	Contract No. 4600046800 Division Division of Ag Adults & Behav	jing	Contract Period 07/01/2020 06/30/2021 Agency Conta		ment ve Bid Agend Pho	Annual Cont Amount \$40,000.0 by Contact one No. 320-6476	Amount
Item #	Category	Short I	Description			Qua	ntity	UM Descriptio	n Cost
00001	Services	TECH	SERVICE,RADIO	DLOGY		400	000	Lump Sum	\$1.00
Date Submitted 06/15/2020	Vendor Nai SUSAN HOR		Contract No. 4600042265	Amend No. 02	Contract Period 07/01/2018 To 06/30/2021	Method Procure Small C	ment	Annual Con Amount \$15,732.0	Amount
Agency #	Agency Na	ame	Division		Agency Conta	ct Name		cy Contact one No.	Agency Contact E-mail Address
0710	Arkansas Dep of Human Se		Division of Co Operations	,	BRANDI BE	NSEN			dra.lovins@dhs.arkansas.gov
Item #	Category	Short I	Description			Qua	ntity	UM Descriptio	n Cost
00001	Services	TECH	SERVICE, JANIT	ORIAL		000	012	Months	\$1,311.00
Date Submitted 06/19/2020	Vendor Nai OJS SERVICE INC		Contract No. 4600042259	Amend No. 02	Contract Period 07/01/2018 06/30/2021	Method Procure Small C	ment	Annual Cont Amount \$14,945.5	Amount
Agency #	Agency Na	ame	Division	1	Agency Conta	ct Name	_	cy Contact one No.	Agency Contact E-mail Address
0710	Arkansas Dep of Human Se		Division of Co Operations		BRANDI BE	NSEN			nda.straw@dhs.arkansas.gov
Item #	Category	Short I	Description			Qua	ntity	UM Descriptio	n Cost
00001	Services	TECH	SERVICE,JANIT	ORIAL		000	012	Months	\$1,245.46
Date Submitted 06/19/2020	Vendor Na		Contract No. 4600042258	Amend No.	Contract Period 07/01/2018	Methodore Procure	ment	Annual Cont Amount \$10,310.4	Amount
	INC			-	06/30/2021	·	A	ov Contoot	Amanay Contact
Agency #	Agency Na		Division		Agency Conta		Pho	cy Contact one No.	Agency Contact E-mail Address
0710	Arkansas Dep of Human Se		Division of Co Operations		BRANDI BE	NSEN	501-6	682-6320 lir	nda.straw@dhs.arkansas.gov
Item #	Category	Short I	Description			Qua	ntity	UM Descriptio	n Cost
00001	Services	TECH	SERVICE,JANIT	ORIAL		000	012	Months	\$859.20

Date Submitted 06/19/2020	Vendor Nai OJS SERVICE INC		Contract No. 4600042257	Amend No. 02	Contract Period 07/01/2018 To 06/30/2021	Method Procure Competiti	ment	Amo	Contract ount 640.68	Total Projected Amount \$151,484.76
Agency #	Agency Na	ame	Division		Agency Conta	ct Name		y Contact		Agency Contact
0710	Arkansas Dep of Human Se	artment	Division of Coo Operations	unty	BRANDI BE			one No. 320-6476	linda.s	E-mail Address straw@dhs.arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descr	iption	Cost
00001	Service		SERVICE, JANIT	ORIAL		000	-	Month	•	\$1,803.39
Date Submitted 06/09/2020	Vendor Na		Contract No. 4600042256	Amend No. 02	Period 07/01/2018	Method Procure Competiti	ment	Amo	Contract ount 145.40	Total Projected Amount \$304,115.28
	INC				06/30/2021		Agenc	cy Contact		Agency Contact
Agency #	Agency Na		Division		Agency Conta		Pho	one No.		E-mail Address
0710	Arkansas Dep of Human Se		Division of Cou Operations		BRANDI BE	NSON	501-3	320-6476	dh	s.rmu@arkansas.gov
Item # 00001	Category Services		Description SERVICE, JANIT	ORIAL		Qua 0003	-	UM Descr Months		Cost \$3,620.42
Date Submitted 06/09/2020	Vendor N ai AMERICA JANITORIAL	N	Contract No. 4600042248	Amend No. 02	Contract Period 07/01/2018 06/30/2021	Method Procure Competiti	ment	Amo	Contract ount 339.48	Total Projected Amount \$222,876.36
Agency #	Agency Na	ame	Division		Agency Conta	ct Name		cy Contact		Agency Contact E-mail Address
0710	Arkansas Dep of Human Se		Division of Coo Operations	unty	BRANDI BE			one No. 320-6476	linda.s	etraw@dhs.arkansas.gov
Item # 00001	Category Services		Description SERVICE, JANIT	ORIAL		Qua 0002	-	UM Descr Months	-	Cost \$2,653.29
Date Submitted	Vendor Na	me	Contract No.	Amend	Contract Period	Method Procure			Contract ount	Total Projected Amount
06/17/2020	OJS SERVICE INC	TWO	4600042080	03	07/01/2018 06/30/2021	Competiti	ve Bid	\$7,4	81.52	\$52,622.64
Agency #	Agency Na	ame	Division		Agency Conta	ct Name		cy Contact one No.		Agency Contact E-mail Address
0710	Arkansas Dep of Human Se		Division of Coo Operations		BRANDI BE	NSEN		320-6476	dedra.l	ovins@dhs.arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descr	intion	Cost
100111 //			- 000: .p.:.0::			Qua	IILILY	OW Desci	iption	••••

Date Submitted 06/29/2020 Agency #	Vendor Name PRECISION COURT REPORTING SERVICES INC Agency Name Department of		07/31/2021 Division Agency Conta		Period 08/01/2019 07/31/2021	Pho Pho		Annual Contract Amount \$34,999.00 cy Contact one No.		Total Projected Amount \$69,998.00 Agency Contact E-mail Address
0810	Departme Workforce Se				JENNIFER SI	HIPLEY		683-0007	jennife	er.shipley@arkansas.gov
Item #	Category	Short [Description			Qua	ntity	UM Descri	ption	Cost
00001	Services	TECH	SERVICE,TRANS	SCRIPTIO	NC	175	500	each		\$4.00
Date Submitted	Vendor Na		Contract No.	Amend No.	Contract Period	Method Procure	ment	Annual C Amo	unt	Amount
06/25/2020	MEDIMPAG HEALTHCA SYSTEMS I	RE	4600045674	01	01/01/2020 06/30/2021	Coopera Contra	act	\$38,3	16.00	\$140,616.00
Agency #	Agency Na	-	Division	A	Agency Conta	ct Name		y Contact one No.		Agency Contact E-mail Address
0960	Arkansas Stat	e Police			Jenna Castlo	eberry		618-8183	jenna.ca	astleberry@asp.arkansas. gov
Item #	Category	Short [Description			Qua	ntity	UM Descri	ption	Cost
00001	Services		SERVICE,INSUR GEMENT	ANCE PI	LAN	186	800	each		\$1.38
Date Submitted	Vendor Na	me	Contract No.	Amend No.	Contract Period	Method Procure		Annual C Amo		Total Projected Amount
06/25/2020	DELTA DENTA ARKANSAS	_	4600044617	01	09/01/2019 08/31/2021	Invitation f	or Bid	\$47,69	92.80	\$333,849.60
Agency #	Agency Na	ame	Division	A	Agency Conta	ct Name		y Contact one No.		Agency Contact E-mail Address
0960	Arkansas Stat	e Police		J	ENNA CASTL	EBERRY		618-8183	jenna.ca	astleberry@asp.arkansas. gov
Item # 00001 00002	Category Services Services	TECH S	Description ERVICE, INSURA ERVICE, INSURA				01	UM Descri Each Each	ption	Cost \$47,692.80 \$47,692.80
Date Submitted	Vendor Na	me	Contract No.	Amend No.	Contract Period	Method Procure		Annual C Amo		Total Projected Amount
06/17/2020	MEDLINC I	NC	4600046728	00	08/01/2020 07/31/2021	Invitation f	or Bid	\$41,10	62.26	\$288,135.82
Agency #	Agency Na	ame	Division	A	Agency Conta	ct Name		y Contact one No.		Agency Contact E-mail Address
0975	Military Depa	ırtment			CINDY STE	EELE		212-5147	cindy	y.steele@arkansas.gov
Item #	Category	Short [Description			Qua	ntity	UM Descri	ption	Cost
00001	Services	TECH	SERVICE,TEMPO	ORARY S	STAFF	000)14	Hours	;	\$49.99
00002	Services	TECH	SERVICE,TEMPO	ORARY S	STAFF	017	7 60	Hours		\$22.99

PCS/TGS - Executed Contracts

Data					. 011	B# . 41			0 1	Total Projected
Date Submitted	Vendor Na	me	Contract No.	Amend No.	I Contract Period	Metho Procure		Annual Am	Contract	Total Projected Amount
07/09/2020	OJS SERVICE INC	TWO	4600044497	01	07/01/2019 06/30/2021	Competiti	ve Bid	\$9,8	97.12	\$69,279.84
Agency #	Agency N	ame	Division		Agency Conta	ct Name		Contact ne No.		Agency Contact E-mail Address
0710	Arkansas Dep of Human Se		Division of Coo Operations		BRANDI BE	NSEN		20-6476	dedra.l	ovins@dhs.arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descri	iption	Cost
00001	Services	TECH	SERVICE,JANIT	ORIAL		000	012	Month	S	\$824.76
Date Submitted	Vendor Na		Contract No.	Amend	I Contract Period	Metho Procure		Annual (Contract ount	Total Projected Amount
07/09/2020	OJS SERVICE INC	TWO	4600044498	01	07/01/2019 06/30/2021	Competiti	ve Bid	\$14,7	63.60	\$103,345.20
Agency #	Agency N	ame	Division		Agency Conta	ct Name		Contact ne No.		Agency Contact E-mail Address
0710	Arkansas Dep of Human Se		Division of Cou Operations		BRANDI BE	NSEN		20-6476	dedra.l	ovins@dhs.arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descri	iption	Cost
00001	Services		SERVICE, JANIT	ORIAL		0002	-	Months	-	\$1,230.30
Date Submitted	Vendor Na	me	Contract No.	Amend	l Contract Period	Method Procure		Annual (Contract	Total Projected Amount
07/09/2020	OASIS SOLUT	TIONS	4600044832	01	07/01/2019 06/30/2021	Competiti	ve Bid		38.08	\$325,066.56
Agency #	Agency N	ame	Division		Agency Conta	ct Name		Contact ne No.		Agency Contact E-mail Address
0865	Departme Arkansas He Central Admin	ritage -			LAURA WAI	LLACE		249582	laura	.wallace@arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descr	iption	Cost
00001	Services	TECH	SERVICE, JANITO	ORIAL		339	913	Month	S	\$1.00
00002	Services	TECH	SERVICE,JANIT	ORIAL		12	525	Month	S	\$1.00
Date Submitted	Vendor Na		Contract No.	Amend	Period	Method Procure	ment	Annual C	unt	Total Projected Amount
07/08/2020	SCB INC	,	4600047023	00	07/08/2020 06/30/2021	Competiti		\$19,4	40.00	\$136,080.00
Agency #	Agency Na	ame	Division		Agency Conta	ct Name		Contact ne No.		Agency Contact E-mail Address
0440	Oil and C Commiss				DEBRA WEH	IAGEN		33-5814	DEBF	RA.WEHAGEN@AOGC. STATE.AR.US
Item #	Category	Short	Description			Qua	ntity	UM Descri	ption	Cost
00001	Services	TECH	SERVICE, JANITO	ORIAL		000	012	Month	s	\$1,620.00

Date Submitted 07/09/2020	Vendor Na		Contract No. 4600042261	Amend No. 02	Contract Period 07/01/2018 06/30/2021	Method Procure Competition	ment	Am	Contract ount 614.56	Total Projected Amount \$102,301.92
A	A		D :	_			Agend	cy Contact	,	Agency Contact
Agency #	Agency Na		Division		gency Conta		Pho	one No.	I	E-mail Address
0710	Arkansas Dep of Human Se		Division of Cou Operations		BRANDI BE	NSEN	501-3	320-6476	Brandi.Be	ensen@dhs.arkansas.gov
Item #	Category		Description			Qua	ntity	UM Descr	iption	Cost
00001	Services	TECH	SERVICE, JANIT	ORIAL		0003	6	Months		\$1,217.88
Date Submitted 07/09/2020	Vendor N a RONNIE WI		Contract No. 4600042260	Amend No.	Contract Period 07/01/2018	Metho Procure Small (ment	Ar	I Contract nount 5,905.00	Total Projected Amount \$101,430.00
					06/30/2021					
Agency #	Agency N	ame	Division		Agency Conta	act Name		cy Contact one No.		Agency Contact E-mail Address
0710	Arkansas Dep of Human Se		Division of Co Operations	•	BRANDI BE	ENSEN		-320-6476	linda.s	traw@dhs.arkansas.gov
Item #	Category	Short	Description			Qua	intity	UM Desc	ription	Cost
00001	Services		I SERVICE, JANI	TORIAL		000	-	Month	-	\$1,408.75
Date Submitted 07/10/2020	Vendor Na		Contract No.	Amend No.	Contract Period 07/01/2018	Metho Procure	ment	An	Contract nount	Total Projected Amount
07/10/2020	SAMINIT KA	IINE I	4600042263	02	07/01/2018 To 06/30/2021	Competit	ive biu	Φ14	,700.00	\$102,900.00
Agency #	Agency N	ame	Division		Agency Conta	act Name		cy Contact		Agency Contact
0710	Arkansas Dep of Human Se	partment	Division of Co Operations	unty	BRANDI BE			one No. -3206576	dhs	E-mail Address s.rmu@arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Desc	rintion	Cost
00001	Services		SERVICE, JANIT	ORIAL		000	-	Mon	-	\$1,225.00
Date Submitted	Vendor Na	ıme	Contract No.	Amend No.	Contract Period	Metho Procure			Contract	Total Projected Amount
07/10/2020	LEWIS & LE	WIS	4600044339	01	07/01/2019 06/30/2021	Small C	Order		500.00	\$129,500.00
Agency #	Agency N	ame	Division		Agency Conta	act Name		cy Contact		Agency Contact
0710	Arkansas Der of Human Se	partment	Division of Co Operations	unty	BRANDI BE			one No. -682-6565		E-mail Address s.rmu@arkansas.gov
Item #	Category	Short	Description			Qua	ıntity	UM Desc	ription	Cost
00001	Services	TECH	SERVICE, JANI			000	22	Months	;	\$1,541.66
00002	Services	TECH	SERVICE, JANI	IORIAL		000	102	Months	3	\$1,541.74

PCS/TGS - Executed Contracts

Date Submitted 07/10/2020	Vendor Na OJS SERVICE INC		Contract No. 4600044503	Amend No.	Contract Period 07/01/2019 06/30/2021	Metho- Procure Competiti	ment		Contract ount 570.28	t Total Projected Amount \$101,991.96
Agency #	Agency N	ame	Division		Agency Conta	ct Name		cy Contact		Agency Contact
0710	Arkansas Dep of Human Se	artment	Division of Co Operations	unty	BRANDI BEI			one No. -320-6476	Brandi.E	E-mail Address Bensen@dhs.arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descri	ption	Cost
00001	Services	TECH	SERVICE, JANIT	ORIAL		000	24	Months	3	\$1,214.19
Date Submitted 07/09/2020	Vendor Na EMTEC (ENGINEER	ING	Contract No. RA16442020	Amend No. 00	Contract Period 07/01/2020 06/30/2024	Method Procure Reques Qualifica	ment t for	Annual (Amo \$42,8	unt	Total Projected Amount \$300,000.00
Agency #	MANAGEMENT Agency Na		Division		Agency Contac	ct Name		cy Contact		Agency Contact
0100	Henderson Universit	State			CHRISTI DA			one No. 230-5116		E-mail Address davisc@hsu.edu
Item #	Category	Short I	Description			Qua	ntity	UM Descri	ption	Cost
00001	Personnel	Civil E	ngineer			000	01	Hour		\$110.00
00002	Personnel	Certifie	ed Environmental	Specialis	st	000	01	Hour		\$85.00
00003	Personnel	Certifie	ed Environmental	Consulta	ınt	000	001	Hour		\$85.00
00004	Personnel	Certifie	ed Indoor Environ	mental C	onsultant	000	01	Hour		\$85.00
00005	Personnel	Project	t Manager			000	001	Hour		\$80.00
00006	Personnel	Asbest	tos Inspector			000	001	Hour		\$75.00
00007	Personnel	Asbest	tos Project Desigr	ner		000	001	Hour		\$75.00
80000	Personnel	Asbest	tos Management l	Planner		000	01	Hour		\$75.00
00009	Personnel	Certifie	ed Mold Inspector			000	001	Hour		\$75.00
00010	Personnel	Enviro	nmental Technicia	an		000	001	Hour		\$60.00
00011	Personnel	Clerica	al			000	001	Hour		\$38.00
00012	Personnel		nitoring (Analysis med in house and			000	001	Days		\$680.00
00001	Expenses	PLM A	sbestos Bulk Ana	lysis		000	001	Hour		\$7.00
00002	Expenses	TEM A	sbestos Air/Bulk	Analysis		000	001	Hour		\$65.00
00003	Expenses	Mold A	ir-O-Cell Analysis	3		000	001	Hour		\$42.00
00004	Expenses	Mold/B	Bulk/Contact/Swab	Analysi	S	000	001	Hour		\$42.00
00005	Expenses		Laboratory Costs/ ding on type of sa		g (Unknown-	000	001	Hour		\$1.00
00006	Expenses	Maps ((Unknown-Depend	ding on t	ype of maps)	000	01	Hour		\$1.00
00007	Expenses		loor Plans (CAD I ding on extensive			000	001	Hour		\$1.00

Date Submitted 06/02/2020	vendor Name 02/2020 WRIGHT LINDSEY & JENNINGS LLP gency # Agency Name		Contract No. 4600036601	Amend No. 05	Contract Period 03/01/2016 To 06/30/2021	Method of Procurement Request for Qualifications		Annual Contract Amount \$10,000.00		Total Projected Amount \$70,000.01
Agency #			Division	Agency Contact N Mary Davis				ncy Contact hone No.		Agency Contact E-mail Address
0790						ris		682-7678		
Item # 00001	0 ,		Description			Quantity 40000		UM Description Lump Sum		Cost
	Personnel	PRO SERVICE, ATTOR		RNEY						\$1.00
Date Submitted	Vendor Name KIMBERLY B BIBB		Contract No.	Amend No.	Contract Period 07/01/2020 To 06/30/2021	Method of Procurement Request for Qualifications		Annual Contract Amount \$29,999.98		Total Projected Amount \$29,999.98
06/18/2020			4600046864	00						
Agency #	Agency Name Administrative Office of the Courts		Division	Agency Contac Moshelle He		Ph		one No.		Agency Contact E-mail Address elle.helms@arcourts.gov
0023										
Item #	Category	Short I	Description			Qua	ntity	UM Descri	ption	Cost
00001	Personnel PRO SERVICE,ATTORNEY			NEY		24500		Lump Sum		\$1.00
00002	Personnel PRO SERVICE, REIMB EXP LEGAL				05500		Lump Sum		\$1.00	