

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
08/11/2020	STAFFMARK INC	RA01252023_1	00	08/01/2020 To 12/31/2020	Special Procurement	\$45,000.00	\$45,000.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0125	Arkansas State University - Jonesboro		LISA GLASCO		870-972-3449	lglasco@astate.edu	
Item #	Category	Short Description	Quantity		UM Description	Cost	
00001	Services	Staffing and Labor	00001		Hours	\$45,000.00	

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
08/11/2020	ANDY FRAIN INC	RA01252023	00	08/01/2020 To 12/31/2020	Special Procurement	\$45,000.00	\$45,000.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0125	Arkansas State University - Jonesboro		LISA GLASCO		870-972-3449	lglasco@astate.edu	
Item #	Category	Short Description	Quantity		UM Description	Cost	
00001	Services	Staffing and Labor	00001		Hours	\$45,000.00	

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
08/31/2020	JACKSON WALKER LLP	RA1214106	00	07/20/2020 To 07/20/2024	Request for Qualifications	\$0.01	\$25,000.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0135	University of Arkansas at Fayetteville	UA Fayetteville	ELLEN FERGUSON		479-575-5314	ellenf@uark.edu	
Item #	Category	Short Description	Quantity		UM Description	Cost	
00001	Personnel	Attorney	00001		Years	\$0.01	

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
08/11/2020	ARKANSAS DEPARTMENT OF HEALTH	RA20145300	01	07/01/2019 To 06/30/2021	Intergovernmental	\$40,250.00	\$238,000.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0145	University of Arkansas at Little Rock		SHERI O'BRIEN		501-569-8846	siobrien@ualr.edu	
Item #	Category	Short Description	Quantity		UM Description	Cost	
00001	Personnel	Collecting Data and running reports for the SYNAR grant	00000		Years	\$40,250.00	

# PCS/TGS - Executed Contracts

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
08/31/2020	CURRICULA CONCEPTS	RA17162000	00	08/31/2020 To 09/30/2020	Small Order	\$25,200.00	\$25,200.00

Agency #	Agency Name	Division	Agency Contact Name	Agency Contact Phone No.	Agency Contact E-mail Address
0160	University of Arkansas at Pine Bluff		WUANITA TROTTER	870-575-8736	trotterw@uapb.edu

Item #	Category	Short Description	Quantity	UM Description	Cost
00001	Personnel	Minority Vendor to provide quality improvement training for UAPB EHS-CCP.	00001	Hour	\$25,200.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
08/31/2020	NUTTER CENTER FOR EMPOWERING	RA17161000	00	08/31/2020 To 09/30/2020	Competitive Bid	\$25,200.00	\$25,200.00

Agency #	Agency Name	Division	Agency Contact Name	Agency Contact Phone No.	Agency Contact E-mail Address
0160	University of Arkansas at Pine Bluff		WUANITA TROTTER	870-575-8736	trotterw@uapb.edu

Item #	Category	Short Description	Quantity	UM Description	Cost
00001	Personnel	Evidence-based Trauma Informed Care & Empowerment-based Life Skills Training and Curriculum.	00007	Hour	\$25,200.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
08/13/2020	RAMONA MUNSELL & ASSOCIATES	RFP2018-01	00	09/01/2020 To 08/31/2021	Request for Proposal	\$13,094.40	\$65,472.00

Agency #	Agency Name	Division	Agency Contact Name	Agency Contact Phone No.	Agency Contact E-mail Address
0168	University of Arkansas Community College at Batesville		PEGGY W. JACKSON	870-612-2030	peggy.jackson@uaccc.edu

Item #	Category	Short Description	Quantity	UM Description	Cost
00001	Services	Development of a Student Support Services Grant Proposal	00001	each	\$13,094.40

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
08/28/2020	S & P CO PLC	4600047528	00	08/24/2020 To 06/30/2021	Request for Proposal	\$17,000.00	\$34,250.00

Agency #	Agency Name	Division	Agency Contact Name	Agency Contact Phone No.	Agency Contact E-mail Address
0311	Disability Determination		Terry W Phillips	501-682-7718	terry.phillips@ssa.gov

Item #	Category	Short Description	Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,AUDITOR	34250	each	\$1.00

# PCS/TGS - Executed Contracts

<b>Date Submitted</b> 08/28/2020	<b>Vendor Name</b> AREA AGENCY ON AGING OF SE ARKANSAS	<b>Contract No.</b> 4600047521	<b>Amend No.</b> 00	<b>Contract Period</b> 10/01/2020 To 06/30/2024	<b>Method of Procurement</b> Request for Qualifications	<b>Annual Contract Amount</b> \$41,188.00	<b>Total Projected Amount</b> \$41,188.00
<b>Agency #</b> 0425	<b>Agency Name</b> Insurance Department	<b>Division</b>	<b>Agency Contact Name</b> Becky Crow		<b>Agency Contact Phone No.</b> 501-371-2612	<b>Agency Contact E-mail Address</b> BECKY.CROW@ARKANSAS.GOV	
<b>Item #</b> 00001	<b>Category</b> Personnel	<b>Short Description</b> PRO SERVICE,COMPENSATION FEE			<b>Quantity</b> 05884	<b>UM Description</b> Lump Sum	<b>Cost</b> \$1.00

<b>Date Submitted</b> 09/01/2020	<b>Vendor Name</b> AREA AGENCY ON AGING OF NORTHWEST	<b>Contract No.</b> 4600047520	<b>Amend No.</b> 00	<b>Contract Period</b> 10/01/2020 To 06/30/2024	<b>Method of Procurement</b> Request for Qualifications	<b>Annual Contract Amount</b> \$10,000.00	<b>Total Projected Amount</b> \$70,000.00
<b>Agency #</b> 0425	<b>Agency Name</b> Insurance Department	<b>Division</b>	<b>Agency Contact Name</b> Becky Crow		<b>Agency Contact Phone No.</b> 501-371-2612	<b>Agency Contact E-mail Address</b> BECKY.CROW@ARKANSAS.GOV	
<b>Item #</b> 00001	<b>Category</b> Personnel	<b>Short Description</b> PRO SERVICE,COMPENSATION FEE			<b>Quantity</b> 10000	<b>UM Description</b> Lump Sum	<b>Cost</b> \$1.00

<b>Date Submitted</b> 09/02/2020	<b>Vendor Name</b> AREA AGENCY ON AGING OF SOUTHWEST	<b>Contract No.</b> 4600047522	<b>Amend No.</b> 00	<b>Contract Period</b> 10/01/2020 To 06/30/2024	<b>Method of Procurement</b> Request for Proposal	<b>Annual Contract Amount</b> \$10,000.00	<b>Total Projected Amount</b> \$70,000.00
<b>Agency #</b> 0425	<b>Agency Name</b> Insurance Department	<b>Division</b>	<b>Agency Contact Name</b> Becky Crow		<b>Agency Contact Phone No.</b> 501-371-2612	<b>Agency Contact E-mail Address</b> BECKY.CROW@ARKANSAS.GOV	
<b>Item #</b> 00001	<b>Category</b> Personnel	<b>Short Description</b> PRO SERVICE,COMPENSATION FEE			<b>Quantity</b> 10000	<b>UM Description</b> Lump Sum	<b>Cost</b> \$1.00

<b>Date Submitted</b> 09/01/2020	<b>Vendor Name</b> ARKANSAS RURAL HEALTH PARTNERSHIP	<b>Contract No.</b> 4600047424	<b>Amend No.</b> 00	<b>Contract Period</b> 10/01/2020 To 06/30/2024	<b>Method of Procurement</b> Request for Qualifications	<b>Annual Contract Amount</b> \$10,000.00	<b>Total Projected Amount</b> \$70,000.00
<b>Agency #</b> 0425	<b>Agency Name</b> Insurance Department	<b>Division</b>	<b>Agency Contact Name</b> Becky Crow		<b>Agency Contact Phone No.</b> 501-371-2612	<b>Agency Contact E-mail Address</b> BECKY.CROW@ARKANSAS.GOV	
<b>Item #</b> 00001	<b>Category</b> Personnel	<b>Short Description</b> PRO SERVICE,COMPENSATION FEE			<b>Quantity</b> 10000	<b>UM Description</b> Lump Sum	<b>Cost</b> \$1.00

# PCS/TGS - Executed Contracts

<b>Date Submitted</b> 09/01/2020	<b>Vendor Name</b> ARKANSAS RURAL HEALTH PARTNERSHIP	<b>Contract No.</b> 4600047423	<b>Amend No.</b> 00	<b>Contract Period</b> 10/01/2020 To 06/30/2024	<b>Method of Procurement</b> Request for Qualifications	<b>Annual Contract Amount</b> \$5,000.00	<b>Total Projected Amount</b> \$35,000.00
<b>Agency #</b> 0425	<b>Agency Name</b> Insurance Department	<b>Division</b>	<b>Agency Contact Name</b> Becky Crow		<b>Agency Contact Phone No.</b> 501-371-2612	<b>Agency Contact E-mail Address</b> BECKY.CROW@ARKANSAS.GOV	
<b>Item #</b> 00001	<b>Category</b> Personnel	<b>Short Description</b> PRO SERVICE,COMPENSATION FEE			<b>Quantity</b> 05000	<b>UM Description</b> Lump Sum	<b>Cost</b> \$1.00

<b>Date Submitted</b> 08/31/2020	<b>Vendor Name</b> RIGHT CALL SOLUTION	<b>Contract No.</b> 4600047340	<b>Amend No.</b> 00	<b>Contract Period</b> 10/01/2020 To 06/30/2024	<b>Method of Procurement</b> Request for Qualifications	<b>Annual Contract Amount</b> \$10,000.00	<b>Total Projected Amount</b> \$70,000.00
<b>Agency #</b> 0425	<b>Agency Name</b> Insurance Department	<b>Division</b>	<b>Agency Contact Name</b> Becky Crow		<b>Agency Contact Phone No.</b> 501-371-2612	<b>Agency Contact E-mail Address</b> BECKY.CROW@ARKANSAS.GOV	
<b>Item #</b> 00001	<b>Category</b> Personnel	<b>Short Description</b> PRO SERVICE,COMPENSATION FEE			<b>Quantity</b> 10000	<b>UM Description</b> Lump Sum	<b>Cost</b> \$1.00

<b>Date Submitted</b> 08/20/2020	<b>Vendor Name</b> RIGHT CALL SOLUTION	<b>Contract No.</b> 4600047338	<b>Amend No.</b> 00	<b>Contract Period</b> 07/01/2020 To 06/30/2024	<b>Method of Procurement</b> Request for Qualifications	<b>Annual Contract Amount</b> \$5,000.00	<b>Total Projected Amount</b> \$35,000.00
<b>Agency #</b> 0425	<b>Agency Name</b> Insurance Department	<b>Division</b>	<b>Agency Contact Name</b> Becky Crow		<b>Agency Contact Phone No.</b> 501-371-2612	<b>Agency Contact E-mail Address</b> BECKY.CROW@ARKANSAS.GOV	
<b>Item #</b> 00001	<b>Category</b> Personnel	<b>Short Description</b> PRO SERVICE,COMPENSATION FEE			<b>Quantity</b> 05000	<b>UM Description</b> Lump Sum	<b>Cost</b> \$1.00

<b>Date Submitted</b> 08/31/2020	<b>Vendor Name</b> AREA AGENCY ON AGING OF WEST CENTRA	<b>Contract No.</b> 4600047523	<b>Amend No.</b> 00	<b>Contract Period</b> 10/01/2020 To 06/30/2024	<b>Method of Procurement</b> Request for Qualifications	<b>Annual Contract Amount</b> \$10,000.00	<b>Total Projected Amount</b> \$70,000.00
<b>Agency #</b> 0425	<b>Agency Name</b> Insurance Department	<b>Division</b>	<b>Agency Contact Name</b> Becky Crow		<b>Agency Contact Phone No.</b> 501-371-2612	<b>Agency Contact E-mail Address</b> BECKY.CROW@ARKANSAS.GOV	
<b>Item #</b> 00001	<b>Category</b> Personnel	<b>Short Description</b> PRO SERVICE,COMPENSATION FEE			<b>Quantity</b> 10000	<b>UM Description</b> Lump Sum	<b>Cost</b> \$1.00

# PCS/TGS - Executed Contracts

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
08/31/2020	CENTRAL ARKANSAS AREA AGENCY ON AGING	4600047525	00	10/01/2020 To 06/30/2024	Request for Qualifications	\$30,000.00	\$210,000.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0425	Insurance Department		Becky Crow		501-371-2612	BECKY.CROW@ARKANSAS.GOV	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,COMPENSATION FEE			30000	Lump Sum	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
08/31/2020	WHITE RIVER AREA AGENCY ON AGING INC	4600047527	00	10/01/2020 To 06/30/2024	Request for Qualifications	\$10,000.00	\$70,000.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0425	Insurance Department		Becky Crow		501-371-2612	BECKY.CROW@ARKANSAS.GOV	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,COMPENSATION FEE			10000	Lump Sum	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
09/01/2020	WESTERN ARKANSAS COUNSELING & GUIDANCE	4600046009	01	07/01/2020 To 06/30/2024	Request for Qualifications	\$26,428.57	\$45,000.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0425	Insurance Department		Becky Crow		501-371-2612	BECKY.CROW@ARKANSAS.GOV	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,COMPENSATION FEE			06429	Lump Sum	\$1.00
00002	Personnel	PRO SERVICE, COMPENSATION FEE			20000	Lump Sum	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
09/01/2020	SOUTH ARKANSAS REGIONAL HEALTH CENTER	4600046001	01	07/01/2020 To 06/30/2024	Request for Qualifications	\$17,000.00	\$49,000.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0425	Insurance Department		Becky Crow		501-371-2612	BECKY.CROW@ARKANSAS.GOV	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,COMPENSATION FEE			07000	Lump Sum	\$1.00
00002	Personnel	PRO SERVICE, COMPENSATION FEE			10000	Lump Sum	\$1.00

# PCS/TGS - Executed Contracts

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
09/01/2020	AREA AGENCY ON AGING OF SE ARKANSAS	4600045996	01	07/01/2020 To 06/30/2024	Request for Qualifications	\$26,428.57	\$45,000.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0425	Insurance Department		Becky Crow		501-371-2612	BECKY.CROW@ARKANSAS.GOV	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,COMPENSATION FEE			06429	Lump Sum	\$1.00
00002	Personnel	PRO SERVICE, COMPENSATION FEE			20000	Lump Sum	\$1.00
Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
08/17/2020	S & S MANAGEMENT GROUP LLC	4600047283	00	07/01/2020 To 06/30/2021	Competitive Bid	\$40,820.00	\$285,740.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0615	TSS Division of Building Authority		MARK HERRING		501-682-5208	mark.herring@dfa.arkansas.gov	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Services	TECH SERVICE,SECURITY GUARD			40820	Hours	\$1.00
Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
09/01/2020	PACE ANALYTICAL SERVICES LLC	4600047478	00	09/18/2020 To 09/17/2021	Competitive Bid	\$43,860.00	\$307,020.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0645	Arkansas Department of Health		Maurice Rogers		501-280-4586	MAURICE. ROGERS@ARKANSAS.GOV	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Services	TECH SERVICE,WATER TESTING			00340	each	\$129.00
Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
09/01/2020	INTRADO INTERACTIVE SERVICES	4600047210	00	09/18/2020 To 09/17/2021	Competitive Bid	\$45,600.00	\$319,200.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0645	Arkansas Department of Health		Maurice Rogers		501-280-4586	MAURICE. ROGERS@ARKANSAS.GOV	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Services	TECH SERVICE,TELEMARKETING			45600	each	\$1.00

# PCS/TGS - Executed Contracts

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
08/31/2020	CHRISTOPHER FRANKLIN	4600047558	00	08/27/2020 To 08/31/2021	Competitive Bid	\$33,000.00	\$33,000.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0810	Department of Workforce Services		Warner Sebree		501-683-1654	WARNER. SEBREE@ARKANSAS.GOV	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Services	TECH SERVICE,JANITORIAL			00012	Months	\$2,750.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
08/28/2020	RANDY M WALTERS	4600047559	00	08/27/2020 To 08/31/2021	Competitive Bid	\$39,561.60	\$39,561.60
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0810	Department of Workforce Services		Warner Sebree		501-683-1654	WARNER. SEBREE@ARKANSAS.GOV	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Services	TECH SERVICE,JANITORIAL			00012	Months	\$3,296.80

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
09/01/2020	LONNIE R CHANEY	4600047567	00	09/01/2020 To 08/31/2021	Competitive Bid	\$26,400.00	\$26,400.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0810	Department of Workforce Services		Robert Chapman		501-682-0749	robert.chapman@arkansas.gov	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Services	TECH SERVICE,JANITORIAL			00012	Months	\$2,200.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
09/03/2020	CENTRAL ARKANSAS CLEANING SERVICES	4600047577	00	09/01/2020 To 08/31/2021	Competitive Bid	\$27,469.44	\$27,469.44
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0810	Department of Workforce Services		Robert Chapman		501-682-0749	robert.chapman@arkansas.gov	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Services	TECH SERVICE,JANITORIAL			00012	Months	\$2,289.12

## PCS/TGS - Executed Contracts

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
09/01/2020	MACAIAH TILLMAN	4600047578	00	09/01/2020 To 08/31/2021	Competitive Bid	\$42,000.00	\$42,000.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0810	Department of Workforce Services		Robert Chapman		501-682-0749	robert.chapman@arkansas.gov	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Services	TECH SERVICE,JANITORIAL			00012	Months	\$3,500.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
08/07/2020	COMPUTER AID INC	4501967003	00	08/03/2020 To 11/30/2020	Cooperative Contract	\$48,464.00	\$48,464.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0810	Department of Workforce Services		Michael Hunter		501-682-3262	Michael.Hunter@arkansas.gov	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Services	TECH SERVICE,IT PROGRAM MANAGER			00520	Hours	\$93.20

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
08/07/2020	COMPUTER AID INC	4501967001	00	08/03/2020 To 11/30/2020	Cooperative Contract	\$48,464.00	\$48,464.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0810	Department of Workforce Services		Michael Hunter		501-682-3262	Michael.Hunter@arkansas.gov	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Services	TECH SERVICE,IT PROGRAM MANAGER			00520	Hours	\$93.20

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
08/06/2020	QUALITY SECURITY SERVICE INC	4501966705	00	08/01/2020 To 06/30/2021	Competitive Bid	\$36,414.00	\$36,414.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0810	Department of Workforce Services		Warner Sebree		501-683-1654	WARNER. SEBREE@ARKANSAS.GOV	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Services	TECH SERVICE,SECURITY GUARD			02380	Hours	\$15.30



# PCS/TGS - Executed Contracts

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
09/02/2020	NEELEY FORESTRY SERVICE INC	4600047587	00	09/01/2020 To 06/30/2021	Competitive Bid	\$40,000.00	\$40,000.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0865	Department of Arkansas Heritage - Central Administration		Laura K. Wallace		501-324-9582	Laura.wallace@arkansas.gov	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Services	TECH SERVICE,MANAGEMENT,TIMBER			40000	each	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
08/20/2020	MCCLELLAND CONSULTING ENGINEERS INC	4600046327	00	10/01/2020 To 06/30/2023	ABA Criteria	\$25,714.29	\$212,500.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0900	Department of Parks and Tourism		JORDAN THOMAS		501-682-1633	jordan.thomas@arkansas.gov	
Item #	Category	Short Description			Quantity	UM Description	Cost
00002	Personnel	PRO SERVICE,REIMBURSABLE EXPENSES			50000	each	\$1.00
00001	Personnel	PRO SERVICE,COMPENSATION FEE			30000	each	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
08/20/2020	POLLUTION MANAGEMENT INC	4600046326	00	10/01/2020 To 06/30/2023	ABA Criteria	\$14,714.29	\$122,500.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0900	Department of Parks and Tourism		JORDAN THOMAS		501-682-1633	jordan.thomas@arkansas.gov	
Item #	Category	Short Description			Quantity	UM Description	Cost
00002	Expenses	PRO SERVICE,REIMBURSABLE EXPENSES			25000	each	\$1.00
00001	Personnel	PRO SERVICE,COMPENSATION FEE			78000	each	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
08/14/2020	POLLUTION MANAGEMENT INC	4600041160	02	11/01/2017 To 06/30/2021	ABA Criteria	\$26,328.57	\$184,300.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0900	Department of Parks and Tourism		JORDAN THOMAS		501-682-6930	jordan.thomas@arkansas.gov	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,COMPENSATION FEE			149300	each	\$1.00
00002	Expenses	PRO SERVICE.REIMBURSABLE EXPENSES			35000	each	\$1.00

# PCS/TGS - Executed Contracts

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
08/20/2020	PICKERING FIRM INC	4600038856	03	11/01/2016 To 06/30/2021	ABA Criteria	\$7,327.50	\$51,292.50
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0900	Department of Parks and Tourism		JORDAN THOMAS		501-682-1633	jordan.thomas@arkansas.gov	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,COMPENSATION FEE			39292	each	\$1.00
00002	Expenses	PRO SERVICE,REIMBURSABLE EXPENSES			12000	each	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
08/18/2020	THE BORNE FIRM ARCHITECTS PA	4600038853	09	10/01/2016 To 06/30/2021	ABA Criteria	\$31,333.22	\$219,332.51
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0900	Department of Parks and Tourism		JORDAN THOMAS		501-682-1633	jordan.thomas@arkansas.gov	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,COMPENSATION FEE			182332	each	\$1.00
00002	Expenses	PRO SERVICE,REIMBURSABLE EXPENSES			37000	each	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
08/20/2020	AMR ARCHITECTS INC	4600038852	09	11/01/2016 To 06/30/2021	ABA Criteria	\$38,084.98	\$288,361.30
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0900	Department of Parks and Tourism		JORDAN THOMAS		501-682-1633	jordan.thomas@arkansas.gov	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE, COMPENSATION FEE			216594	each	\$1.00
00002	Expenses	PRO SERVICE, REIMBURSABLE EXPENSES			50000	each	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
08/14/2020	POLLUTION MANAGEMENT INC	4600036838	06	05/20/2016 To 06/30/2021	ABA Criteria	\$36,817.14	\$257,720.01
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0900	Department of Parks and Tourism		JORDAN THOMAS		501-682-1633	jordan.thomas@arkansas.gov	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE, COMPENSATION FEE			217720	each	\$1.00
00002	Expenses	PRO SERVICE, REIMBURSABLE EXPENSES			40000	each	\$1.00

## PCS/TGS - Executed Contracts

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Initial Contract Amount	Total Projected Amount
09/03/2020	DELL	209565	00	07/01/2020 To 06/30/2021	Exempt by Law	\$25,121.91	\$25,121.91
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0105	Southern Arkansas University		KRISTY PENNINGTON		8702354017	kristypennington@saumag.edu	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Services	VMware Licenses and tech support renewal			00001	each	\$12,560.95
00002	Services	VMware Licenses and tech support renewal			00001	each	\$12,560.96