Date Submitted 08/11/2020	Vendor Na STAFFMARK		Contract No. RA01252023_1	Amend No. 00	Contract Period 08/01/2020 To 12/31/2020	Method Procure Speci Procure	ment ial ment	Annual Contrac Amount \$45,000.00	Amount \$45,000.00
Agency #	Agency Na	ame	Division	A	gency Conta	ct Name	_	y Contact one No.	Agency Contact E-mail Address
0125	Arkansas S University - Joi				LISA GLA	sco			lglasco@astate.edu
Item #	Category	Short I	Description			Qua	ntity	UM Description	Cost
00001	Services		g and Labor			000	-	Hours	\$45,000.00
Date Submitted	Vendor Na		Contract No.	Amend No.	Contract Period	Method Procure		Annual Contrac Amount	t Total Projected Amount
08/11/2020	ANDY FRAIN	INC	RA01252023	00	08/01/2020 To 12/31/2020	Speci Procure		\$45,000.00	\$45,000.00
Agency #	Agency Na	ame	Division	A	gency Conta	ct Name		y Contact one No.	Agency Contact E-mail Address
0125	Arkansas S University - Joi				LISA GLA	SCO			Iglasco@astate.edu
Item #	Category	Short I	Description			Qua	ntity	UM Description	Cost
00001	Services	Staffing	g and Labor			000	001	Hours	\$45,000.00
Date Submitted 08/31/2020	Vendor Na JACKSON WA LLP		Contract No. RA1214106	Amend No. 00	Contract Period 07/20/2020 07/20/2024	Method Procure Reques Qualifica	ment at for	Annual Contrac Amount \$0.01	t Total Projected Amount \$25,000.00
A manay #			Division					y Contact	Agency Contact
Agency # 0135	Agency Na University of A at Fayette	rkansas	UA Fayettevi		Agency Conta			one No. 575-5314	E-mail Address ellenf@uark.edu
Item #	Category	Short I	Description			Qua	ntity	UM Description	Cost
00001	Personnel	Attorne	Э У			000	001	Years	\$0.01
Date Submitted 08/11/2020	Vendor Na ARKANSA DEPARTMEN	S	Contract No. RA20145300	Amend No. 01	Contract Period 07/01/2019 To 06/30/2021	Method Procure Intergoverr	ment	Annual Contrac Amount \$40,250.00	t Total Projected Amount \$238,000.00
Agency #	HEALTH		Division	Δ	gency Conta	ct Name		y Contact	Agency Contact
0145	Agency Na University of A at Little Ro	rkansas	DIVISION	F	SHERI O'B			one No. 569-8846	E-mail Address siobrien@ualr.edu
Item #	Category	Short I	Description			Qua	ntity	UM Description	Cost
00001	Personnel	Collect SYNAF	ing Data and runr R grant	ning repo	rts for the	000	000	Years	\$40,250.00
			-						

00001

Personnel

PRO SERVICE, AUDITOR

Date Submitted 08/31/2020	Vendor Na CURRICUI CONCEPT	LA	Contract No. RA17162000	Amend No. 00	Contract Period 08/31/2020 09/30/2020	Method Procure Small O	ment	Annual Contrac Amount \$25,200.00	Total Projected Amount \$25,200.00
Agency #	Agency Na	ame	Division		Agency Conta	ct Name		cy Contact	Agency Contact
0160	University of A		Division		WUANITA TR			one No. 575-8736	E-mail Address trotterw@uapb.edu
	at Pine Bl					011211	0.0	0.0 0.00	iioiioiii Guapziouu
Item #	Category	Short	Description			Qua	ntity	UM Description	Cost
00001	Personnel		ty Vendor to provi g for UAPB EHS-0		y improvement	000	001	Hour	\$25,200.00
Date Submitted	Vendor Na	me	Contract No.	Amend No.	Contract Period	Method Procure		Annual Contrac	t Total Projected Amount
08/31/2020	NUTTER CENTE EMPOWER		RA17161000	00	08/31/2020 09/30/2020	Competiti	ve Bid	\$25,200.00	\$25,200.00
Agency #	Agency Na	ame	Division		Agency Conta	ct Name		cy Contact one No.	Agency Contact E-mail Address
0160	University of A at Pine Bl				WUANITA TR	OTTER		575-8736	trotterw@uapb.edu
Item #	Category	Short	Description			Qua	ntity	UM Description	Cost
00001	Personnel		nce-based Trauma werment-based Li ulum.			000	007	Hour	\$25,200.00
Date Submitted	Vendor Na	me	Contract No.	Amend No.	Contract Period	Method Procure		Annual Contra Amount	ct Total Projected Amount
08/13/2020	RAMONA MUN ASSOCIAT		RFP2018-01	00	09/01/2020 08/31/2021	Reques Propos		\$13,094.40	\$65,472.00
Agency #	Agency Na	ame	Division		Agency Conta	ct Name	_	cy Contact one No.	Agency Contact E-mail Address
0168	University of A Community Co Batesvill	llege at			PEGGY W. JA	CKSON			ggy.jackson@uaccb.edu
Item #	Category	Short	Description			Qua	ntity	UM Description	Cost
00001	Services		opment of a Stude Proposal	ent Suppo	ort Services	000	001	each	\$13,094.40
Date Submitted	Vendor Na	me	Contract No.	Amend No.	Contract Period	Method Procure		Annual Contrac Amount	t Total Projected Amount
08/28/2020	S & P CO P	LC	4600047528	00	08/24/2020 06/30/2021	Reques Propos		\$17,000.00	\$34,250.00
Agency #	Agency Na	ame	Division		Agency Conta		Agen	cy Contact	Agency Contact
0311	Disability Deter				Terry W Ph			one No. 682-7718	E-mail Address erry.phillips@ssa.gov
	0.4	01	.			_		III D	
Item #	Category		Description	. 5		Qua	ntity	UM Description	Cost

each

\$1.00

34250

Date Submitted 08/28/2020 Agency # 0425	Vendor Name AREA AGENCY O AGING OF SE ARKANSAS Agency Name Insurance Departm	Division	Amend No. Period 00 10/01/2020 06/30/2024 Agency Conta	PI	Annual Contract Amount \$41,188.00 ncy Contact hone No371-2612 BECK	Total Projected Amount \$41,188.00 Agency Contact E-mail Address Y.CROW@ARKANSAS. GOV
Item #	Category SI	nort Description		Quantity	UM Description	Cost
00001		RO SERVICE,COMPE	ENSATION FEE	05884	Lump Sum	\$1.00
Date Submitted 09/01/2020 Agency # 0425	Vendor Name AREA AGENCY O AGING OF NORTHWEST Agency Name Insurance Departm	Division	Amend No. Period 00 10/01/2020 06/30/2024 Agency Conta	PI	Annual Contrac Amount \$10,000.00 ncy Contact hone No. -371-2612 BECK	t Total Projected Amount \$70,000.00 Agency Contact E-mail Address Y.CROW@ARKANSAS. GOV
Item #	Category SI	nort Description		Quantity	UM Description	Cost
00001		RO SERVICE,COMPE	ENSATION FEE	10000	Lump Sum	\$1.00
Date Submitted 09/02/2020	Vendor Name AREA AGENCY O AGING OF SOUTHWEST	10000111022	Amend Contract No. Period 00 10/01/2020 06/30/2024	Method of Procurement Request for Proposal	Annual Contract Amount \$10,000.00	Total Projected Amount \$70,000.00 Agency Contact
Agency # 0425	Agency Name Insurance Departn	Division nent	Agency Conta Becky C	PI	hone No.	E-mail Address Y.CROW@ARKANSAS. GOV
Item # 00001		nort Description RO SERVICE,COMPE	NSATION FEE	Quantity 10000	UM Description Lump Sum	Cost \$1.00
Date Submitted 09/01/2020	Vendor Name ARKANSAS RURA HEALTH PARTNERSHIP	Contract No. 4600047424	Amend No. Period 00 10/01/2020 06/30/2024	Method of Procurement Request for Qualifications	Annual Contract Amount \$10,000.00	Amount \$70,000.00
Agency # 0425	Agency Name Insurance Departm		Agency Conta Becky C	PI	ncy Contact hone No. -371-2612 BECK	Agency Contact E-mail Address Y.CROW@ARKANSAS. GOV
Item #	Category SI	nort Description		Quantity	UM Description	Cost
00001		RO SERVICE,COMPE	ENSATION FEE	10000	Lump Sum	\$1.00

Date Submitted 09/01/2020	Vendor Nam ARKANSAS RU HEALTH	JRAL	Contract No. 4600047423	Amend No. 00	Contract Period 10/01/2020	Method Procure Reques Qualifica	ment st for	Am	Contract ount 00.00	Total Projected Amount \$35,000.00
Agency #	PARTNERSH Agency Na		Division	Δ	Agency Conta	ct Name		cy Contact		Agency Contact
0425	Insurance Depa		DIVISION	-	Becky Cr			one No. 371-2612		E-mail Address '.CROW@ARKANSAS. GOV
Item #	Category	Short [Description			Qua	ntity	UM Descri	iption	Cost
00001	Personnel	PRO S	ERVICE,COMPE	NSATIO	N FEE	050	000	Lump S	um	\$1.00
Date Submitted 08/31/2020	Vendor Nam RIGHT CAL		Contract No.	Amend No.	Contract Period 10/01/2020	Metho Procure Reques	ment	Ame	Contract ount	Total Projected Amount \$70,000.00
00/31/2020	SOLUTION		4600047340	00	10/01/2020 To 06/30/2024	Qualifica		φ10,0	00.00	\$70,000.00
Agency #	Agency Na	me	Division	A	Agency Conta	ct Name		cy Contact one No.		Agency Contact E-mail Address
0425	Insurance Depa	artment			Becky Cr	OW	501-3	371-2612	BECKY	'.CROW@ARKANSAS. GOV
Item #	Category	Short [Description			Qua	ntity	UM Descri	iption	Cost
00001	Personnel	PRO S	ERVICE,COMPE	NSATIO	N FEE	100	000	Lump S	um	\$1.00
Date Submitted 08/20/2020	Vendor Nam RIGHT CAL SOLUTION	.L	Contract No. 4600047338	Amend No. 00	Contract Period 07/01/2020 06/30/2024	Methode Procure Request Qualification	ment st for	Amo	Contract ount 00.00	Total Projected Amount \$35,000.00
Agency #	Agency Na	me	Division	Δ	Agency Conta	ct Name		cy Contact		Agency Contact
0425	Insurance Depa		Dividion	,	Becky Cr			one No. 371-2612		E-mail Address '.CROW@ARKANSAS. GOV
Item #	Category	Short [Description			Qua	ntity	UM Descri	iption	Cost
00001	Personnel	PRO S	ERVICE,COMPE	NSATIO	N FEE	050	000	Lump S	um	\$1.00
Date Submitted	Vendor Nam	ne	Contract No.	Amend No.	Contract Period	Metho Procure			Contract ount	Total Projected Amount
08/31/2020	AREA AGENCY		4600047523	00	10/01/2020 06/30/2024	Reques Qualifica		\$10,0	00.00	\$70,000.00
Agency #	CENTRA Agency Na	me	Division	A	Agency Conta	ct Name		cy Contact one No.		Agency Contact E-mail Address
0425	Insurance Depa	artment			Becky Cr	ow		371-2612		'.CROW@ARKANSAS. GOV
Item #	Category	Short [Description			Qua	ntity	UM Descri	iption	Cost

Date Submitted 08/31/2020	Vendor Na CENTRAL ARK AREA AGENO AGING	ANSAS	Contract No. 4600047525	Amend No. 00	Contract Period 10/01/2020 06/30/2024	Method Procure Reques Qualifica	ment at for ations	Annual (Amo \$30,0	ount 00.00	Total Projected Amount \$210,000.00
Agency #	Agency N	ame	Division	Δ	Agency Contac	ct Name		cy Contact one No.		Agency Contact E-mail Address
0425	Insurance Dep	partment			Becky Cro			371-2612		Y.CROW@ARKANSAS. GOV
Item #	Category	Short	Description			Qua	ntity	UM Descri	ption	Cost
00001	Personnel	PRO S	SERVICE,COMPE	NSATIO	N FEE	300	000	Lump St	um	\$1.00
Date Submitted 08/31/2020	Vendor Na WHITE RIVER		Contract No.	Amend No.	Contract Period	Method Procure Reques	ment		ount	Total Projected Amount
06/31/2020	AGENCY ON A		4600047527	00	10/01/2020 06/30/2024	Qualifica		\$10,0	00.00	\$70,000.00
Agency #	INC Agency N	ame	Division	Δ	Agency Contac	ct Name		cy Contact one No.		Agency Contact E-mail Address
0425	Insurance Dep				Becky Cro	OW		371-2612		Y.CROW@ARKANSAS. GOV
Item #	Category	Short	Description			Qua	ntity	UM Descri	ption	Cost
00001	Personnel	PRO S	SERVICE,COMPE	NSATIO	N FEE	100	000	Lump Si	ım	\$1.00
Date Submitted 09/01/2020	Vendor Na WESTERN ARK COUNSELIN	(ANSAS	Contract No. 4600046009	Amend No. 01	Contract Period 07/01/2020 06/30/2024	Method Procure Reques Qualifica	ment st for	Am	Contract ount 428.57	Total Projected Amount \$45,000.00
Agency #	GUIDANC Agency N		Division	4	Agency Contac	ct Name		cy Contact one No.		Agency Contact E-mail Address
0425	Insurance Dep	oartment			Becky Cro	DW .		371-2612		Y.CROW@ARKANSAS. GOV
Item #	Category	Short	Description			Qua	ntity	UM Descri	ption	Cost
00001 00002	Personnel Personnel		SERVICE,COMPE SERVICE, COMPE			06 ² 200	429 000	Lump Si Lump Si		\$1.00 \$1.00
Date Submitted	Vendor Na	me	Contract No.	Amend No.	Contract Period	Method Procure		Annual (Contract ount	Total Projected Amount
09/01/2020	SOUTH ARKA	EALTH	4600046001	01	07/01/2020 06/30/2024	Reques Qualifica		\$17,0	00.00	\$49,000.00
Agency #	CENTER Agency N		Division	A	Agency Contac	ct Name		cy Contact one No.		Agency Contact E-mail Address
0425	Insurance Dep	oartment			Becky Cro	OW		371-2612		Y.CROW@ARKANSAS. GOV
Item #	Category	Short D	Description			Qua	ntity	UM Descri	ption	Cost
Item # 00001	Category Personnel	PRO S	Description ERVICE,COMPEN ERVICE, COMPE				000	UM Descri Lump Si Lump Si	um	Cost \$1.00 \$1.00

Date Submitted Open										
Agency # Agency Name Division Agency Contact Name Becky Crow Agency Contact Phone No. 501-371-2612 Agency Contact E-mail Address BECKY.CROW@ARKANSAS GOV Item # Category Short Description Quantity UM Description Cost 00001 Personnel PRO SERVICE, COMPENSATION FEE 06429 Lump Sum \$1.00 Date Submitted D8/17/2020 Vendor Name Contract No. Amend Contract No. No. Period Procurement Agency Contact Procurement Agen	Submitted	AREA AGENCY	ON 4600045996	No.	Period 07/01/2020	Procure Reques	ment t for	Amo	ount	Amount
Name	Agency #			. Z		act Name				
Date Submitted Date Submitted Personnel Personnel Personnel Pro Service, COMPENSATION FEE 20000 Lump Sum \$1.00				,	•					.CROW@ARKANSAS.
Date Submitted Date Services Division Division Services Division	Item #	Category	Short Description			Qua	ntity	UM Descri	ption	Cost
Submitted Vendor Name Contract No. No. Period Procurement Amount Am			•				-			*
Agency # Agency Name Division Agency Contact Name Agency Contact Phone No. 501-682-5208 mark.herring@dfa.arkansas.go mark.herring@df	Submitted	S & S MANAGE	MENT 4600047283	No.	Period 07/01/2020	Procure	ment	Am	ount	Amount
TSS Division of Building Authority MARK HERRING S01-682-5208 mark.herring@dia.arkansas.gc Mark.herring@dia.arkansa	Agency #			. <i>L</i>		act Name				
Date Submitted 09/01/2020 PACE ANALYTICAL SERVICE, SECURITY GUARD 40820 Hours \$1.00 Date Submitted O9/01/2020 PACE ANALYTICAL SERVICES LLC 4600047478 00 09/18/2020 09/17/2021 00/17/2021 0		TSS Division of	Building	•	•					
Date Submitted O9/01/2020 PACE ANALYTICAL SERVICES LLC A600047478 O0 O9/18/2020 O9/17/2021 O	Item #	Category	Short Description			Qua	ntity	UM Descri	ption	Cost
Submitted 09/01/2020 PACE ANALYTICAL SERVICES LLC Agency # Agency Name O645 Arkansas Department of Health Category Division Date Submitted 09/01/2020 Agency # Agency Name O645 Arkansas Department of Health Category Date Submitted 09/01/2020 Date Submitted 09/01/2020 Agency Ame Amount No. Period O9/18/2020 Procurement Agency Contact Phone No. For Jave Procurement Agency Contact Phone No. For Jave Procurement Agency Contact Phone No. Period Procurement Amount Amount Amount Strick Agency Contact Amount Amount Strick Agency Contact Amount Strick Agency Contact Amount Strick Agency Contact Agency Contact Phone No. Strick Agency Contact Procurement Amount Amount Strick Agency Contact Phone No. S	00001	Services	TECH SERVICE, SECU	JRITY GU	ARD	408	320	Hours	3	\$1.00
Agency # Agency Name Division Agency Contact Name Agency Contact Phone No. Agency Contact E-mail Address MAURICE. ROGERS@ARKANSAS.GOV Item # Category Short Description Tech Services Tech Service, Water Testing Ouantity UM Description Cost	Submitted	PACE ANALYT	ICAL 4600047478	No.	Period 09/18/2020	Procure	ment	Am	ount	Amount
Arkansas Department of Health	Agency #	Agency Na	me Division	ı 4		act Name	Agend	cy Contact		
Date Submitted 09/01/2020 INTERACTIVE SERVICES Agency # Agency Name Agency Name Arkansas Department of Health Date Submitted No. Period Procurement Amount Amount Service Bid Services Agency Short Description Amend Contract Method of Procurement Amount Amount Service Bid Service B	0645	•			Maurice Ro	ogers				MAURICE.
Date Submitted O9/01/2020 INTRADO INTERACTIVE SERVICES Agency Name O645 Arkansas Department of Health Contract No. No. Period Procurement Amount Contract Agency Contact No. 09/18/2020 O9/17/2021 Agency # Agency Name Agency Contact Name Agency Contact Phone No. E-mail Address Maurice Rogers Office No. 1501-280-4586 MAURICE. ROGERS@ARKANSAS.GOV. Romeword Method of Procurement Amount O9/18/2020 Competitive Bid \$45,600.00 \$319,200.00 \$	Item #	Category	Short Description			Qua	ntity	UM Descri	ption	Cost
Submitted 09/01/2020 INTRADO	00001	Services	TECH SERVICE,WATI	ER TESTI	NG	000	340	each		\$129.00
Agency # Agency Name Division Agency Contact Name Phone No. E-mail Address O645 Arkansas Department of Health Category Short Description O9/17/2021 Agency Contact Name Phone No. E-mail Address Maurice Rogers 501-280-4586 MAURICE. ROGERS@ARKANSAS.GOV Quantity UM Description Cost	Submitted			No.	Period	Procure	ment	An	nount	Amount
Agency # Agency Name Division Agency Contact Name Phone No. E-mail Address 0645 Arkansas Department Maurice Rogers 501-280-4586 MAURICE. of Health ROGERS@ARKANSAS.GOV Item # Category Short Description Quantity UM Description Cost	09/01/2020	INTERACTIV	/E	00		Competiti	ve Bid	\$45	,600.00	\$319,200.00
O645 Arkansas Department Maurice Rogers 501-280-4586 MAURICE. of Health ROGERS@ARKANSAS.GO\ Item # Category Short Description Quantity UM Description Cost	Agency #			ı A	Agency Conta	act Name				
	0645	•			Maurice Ro	ogers				MAURICE.
00001 Services TECH SERVICE, TELEMARKETING 45600 each \$1.00	Item #	Category	Short Description			Qua	ntity	UM Descri	ption	Cost
	00001	Services	TECH SERVICE, TELE	MARKETI	NG	456	600	each		\$1.00

Date Submitted 08/31/2020	Vendor Na CHRISTOPI FRANKLI	HER	Contract No. 4600047558	Amend No. 00	Contract Period 08/27/2020 _{To} 08/31/2021	Metho Procure Competiti	ment	Annual Contract Amount \$33,000.00	Total Projected Amount \$33,000.00
Agency #	Agency N	ame	Division	,	Agency Conta	oct Name		cy Contact	Agency Contact
0810	Departme Workforce Se	nt of	DIVISION	•	Warner Se			one No. 683-1654 SEBF	E-mail Address WARNER. REE@ARKANSAS.GOV
Item #	Category	Short	Description			Qua	ntity	UM Description	Cost
00001	Services		SERVICE,JANITO	ORIAL			012	Months	\$2,750.00
Date Submitted 08/28/2020	Vendor Na RANDY M WAI		Contract No. 4600047559	Amend No. 00	Contract Period 08/27/2020 08/31/2021	Metho Procure Competit	ment	Annual Contrac Amount \$39,561.60	t Total Projected Amount \$39,561.60
Agency #	Agency N	ame	Division	A	Agency Conta	ct Name		cy Contact	Agency Contact
0810	Departme Workforce Se	nt of			Warner Se	ebree		one No. 683-1654 SEBF	E-mail Address WARNER. REE@ARKANSAS.GOV
Item #	Category	Short	Description			Qua	ntity	UM Description	Cost
00001	Services	TECH	SERVICE,JANITO	ORIAL		00	012	Months	\$3,296.80
Date Submitted 09/01/2020	Vendor Na LONNIE R CH		Contract No. 4600047567	Amend No. 00	Contract Period 09/01/2020 08/31/2021	Metho Procure Competit	ment	Annual Contract Amount \$26,400.00	Total Projected Amount \$26,400.00
Agency #	Agency N	ame	Division	A	Agency Conta	ct Name		cy Contact one No.	Agency Contact E-mail Address
0810	Departme Workforce Se				Robert Cha	pman			chapman@arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Description	Cost
00001	Services	TECH	SERVICE,JANITO	ORIAL		00	012	Months	\$2,200.00
Date Submitted	Vendor Na		Contract No.	Amend No.	Contract Period	Metho Procure	ment	Annual Contract Amount	Amount
09/03/2020	CLEANING SER		4600047577	00	09/01/2020 08/31/2021	Competit	ve Bla	\$27,469.44	\$27,469.44
Agency #	Agency N	ame	Division	A	Agency Conta	ct Name		cy Contact one No.	Agency Contact E-mail Address
0810	Departme Workforce Se				Robert Cha	pman			chapman@arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Description	Cost
00001	Services	TECH	SERVICE,JANITO	ORIAL		00	012	Months	\$2,289.12

Date Submitted 09/01/2020	Vendor Na MACAIAH TIL		Contract No. 4600047578	Amend No. 00	Contract Period 09/01/2020 08/31/2021	Method Procure Competiti	ment	Amo	Contract ount 000.00	Total Projected Amount \$42,000.00
Agency #	Agency Na	ame	Division	A	gency Conta	ct Name		cy Contact		Agency Contact
0810	Departme Workforce Se				Robert Cha			one No. 682-0749	robert.c	E-mail Address chapman@arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descri	iption	Cost
00001	Services	TECH	SERVICE,JANITO	ORIAL		000)12	Month	s	\$3,500.00
Date Submitted 08/07/2020	Vendor Na COMPUTER A		Contract No. 4501967003	Amend No. 00	Contract Period 08/03/2020 11/30/2020	Method Procure Coopera Contra	ment ative	Amo	Contract ount 164.00	Total Projected Amount \$48,464.00
Agency #	Agency N	ame	Division	A	11/30/2020 Agency Conta		Agend	cy Contact		Agency Contact
0810	Departme Workforce Se	nt of			Michael Hu			one No. 682-3262		E-mail Address el.Hunter@arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descri	iption	Cost
00001	Services	TECH	SERVICE,IT PRO	OGRAM N	MANAGER	005	520	Hours	5	\$93.20
Date Submitted 08/07/2020	Vendor Na COMPUTER A		Contract No. 4501967001	Amend No. 00	Contract Period 08/03/2020 11/30/2020	Method Procure Coopera Contra	ment ative	Am	Contract ount 464.00	Total Projected Amount \$48,464.00
Agency #	Agency Na	ame	Division	A	gency Conta	ct Name		cy Contact one No.		Agency Contact E-mail Address
0810	Departme Workforce Se				Michael Hu	ınter		682-3262		el.Hunter@arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descri	iption	Cost
00001	Services	TECH	SERVICE,IT PRO	OGRAM N	MANAGER	008	520	Hours	3	\$93.20
Date Submitted 08/06/2020	Vendor Na QUALITY SEC SERVICE I	URITY	Contract No. 4501966705	Amend No. 00	Contract Period 08/01/2020 06/30/2021	Method Procure Competiti	ment	Am	Contraction	t Total Projected Amount \$36,414.00
Agency #	Agency N	_	Division	A	Agency Conta	ct Name		cy Contact		Agency Contact
0810	Departme Workforce Se	nt of		•	Warner Se			one No. 683-1654		E-mail Address WARNER. EE@ARKANSAS.GOV
Item #	Category	Short	Description			Qua	ntity	UM Descri	iption	Cost
00001	Services	TECH	SERVICE,SECU	RITY GU	ARD	023	380	Hours	-	\$15.30

Date Submitted 09/02/2020	Vendor Nar NEELEY FORE SERVICE II	STRY	Contract No. 4600047587	Amend No. 00	Contract Period 09/01/2020 06/30/2021	Method Procure Competiti	ment	Annual C Amo \$40,00	unt	Total Projected Amount \$40,000.00
Agency #	Agency Na		Division	Δ	gency Conta	ct Name		y Contact		Agency Contact
0865	Departmer Arkansas Her Central Admini	nt of ritage -	DIVISION	,	Laura K. Wa			ne No. 24-9582	Laura	E-mail Address .wallace@arkansas.gov
Item #	Category		Description			Qua	ntitv	UM Descri	otion	Cost
00001	Services		SERVICE,MANA	GEMENT	,TIMBER		000	each		\$1.00
Date Submitted	Vendor Na		Contract No.	Amend No.	Contract Period	Method Procure	ment	Annual (unt	Amount
08/20/2020	MCCLELLA CONSULTII ENGINEERS	NG	4600046327	00	10/01/2020 To 06/30/2023	ABA Cri		\$25,7	14.29	\$212,500.00
Agency # 0900	Agency Na Department o and Touris	ame of Parks	Division	Α	gency Conta JORDAN TH		Pho	y Contact ne No. 82-1633	jordar	Agency Contact E-mail Address n.thomas@arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descri	otion	Cost
00002	Personnel		SERVICE,REIMBU	JRSABLE	EXPENSES		000	each		\$1.00
00001	Personnel		SERVICE,COMPE			300	000	each		\$1.00
Date Submitted 08/20/2020	Vendor Nai		Contract No. 4600046326	Amend No.	Contract Period 10/01/2020	Method Procure ABA Cri	ment	Annual C Amo \$14,7	unt	Total Projected Amount \$122,500.00
	MANAGEMEN	T INC			06/30/2023					
Agency #	Agency Na	ame	Division	Δ	gency Conta	ct Name		y Contact ne No.		Agency Contact E-mail Address
0900	Department o and Touri				JORDAN TH	OMAS		82-1633	jordar	n.thomas@arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descri	otion	Cost
00002	Expenses	PRO S	SERVICE,REIMBL	JRSABLE	EXPENSES	250	000	each		\$1.00
00001	Personnel	PRO S	SERVICE,COMPE	NSATIO	N FEE	780	000	each		\$1.00
Date Submitted	Vendor Na	me	Contract No.	Amend No.	Contract Period	Method Procure		Annual C Amo		Total Projected Amount
08/14/2020	POLLUTIC MANAGEMEN		4600041160	02	11/01/2017 06/30/2021	ABA Cri		\$26,32	28.57	\$184,300.00
Agency #	Agency Na	ame	Division	Δ	gency Conta	ct Name		y Contact ne No.		Agency Contact E-mail Address
0900	Department o and Touri				JORDAN TH	OMAS		82-6930	jordar	n.thomas@arkansas.gov
Item # 00001 00002	Category Personnel Expenses	PRO S	Description SERVICE,COMPE SERVICE,REIMBL			Qua 149 350		UM Descrip each each	otion	Cost \$1.00 \$1.00

Date Submitted 08/20/2020	Vendor Name	30111101	Amend No. 03	Contract Period 11/01/2016	Metho Procure ABA Cri	ment	Annual (Amo \$7,32	ount	Total Projected Amount \$51,292.50
Agency #	Agency Nam	e Division	A	06/30/2021 Sigency Contact	ct Name		cy Contact		Agency Contact E-mail Address
0900	Department of P and Tourism			JORDAN THO	OMAS		-682-1633		thomas@arkansas.gov
Item # 00001 00002	Personnel	Short Description PRO SERVICE,COMPE PRO SERVICE,REIMBI			Qua 392 120		UM Descri each each	ption	Cost \$1.00 \$1.00
Date Submitted 08/18/2020	Vendor Name THE BORNE FIR ARCHITECTS P	RM 4600038853	Amend No. 09	Contract Period 10/01/2016	Metho Procure ABA Cri	ment	Annual (Amo \$31,3		Total Projected Amount \$219,332.51
A manay #				06/30/2021	- (NI	Agen	cy Contact		Agency Contact
Agency # 0900	Agency Nam Department of P		A	gency Contact JORDAN THO		Ph	one No. -682-1633		E-mail Address thomas@arkansas.gov
0300	and Tourism			JORDAN IN	JIVIAS	301-	-002-1033	joruari.	.tiiomas@arkansas.gov
Item # 00001 00002	Personnel [Short Description PRO SERVICE,COMPE PRO SERVICE,REIMBU				ntity 332 00	UM Descri each each	ption	Cost \$1.00 \$1.00
Date Submitted 08/20/2020	Vendor Name		Amend No.	Contract Period 11/01/2016	Method Procure ABA Cri	ment	Amo	Contract ount 084.98	Total Projected Amount \$288,361.30
		100000002	00	To 06/30/2021					
Agency #	Agency Nam	e Division	Α	gency Contac	ct Name		cy Contact one No.		Agency Contact E-mail Address
0900	Department of P and Tourism			JORDAN THO	OMAS		-682-1633		thomas@arkansas.gov
Item # 00001 00002	Personnel I	Short Description PRO SERVICE, COMP PRO SERVICE, REIMB				ntity 5594 000	UM Descri each each	ption	Cost \$1.00 \$1.00
Date Submitted 08/14/2020	Vendor Name POLLUTION MANAGEMENT I	4600036838	Amend No. 06	Contract Period 05/20/2016 To 06/30/2021	Method Procure ABA Cri	ment	Amo	Contract ount 317.14	Total Projected Amount \$257,720.01
Agency #	Agency Nam	e Division	А	gency Contac	ct Name		cy Contact one No.		Agency Contact E-mail Address
0900	Department of P and Tourism			JORDAN THO	OMAS		-682-1633		thomas@arkansas.gov
Item #	Category S	Short Description			Qua	ntity	UM Descri	ption	Cost
00001 00002	Personnel F	PRO SERVICE, COMP PRO SERVICE, REIMB			2177 4000	20	each each		\$1.00 \$1.00

PCS/TGS - Executed Contracts

Date Submitted 09/03/2020	Vendor Na DELL	me	Contract No. 209565	Amend No.	Contract Period 07/01/2020 06/30/2021	Method Procure Exempt b	ment	Initial Cor Amoui \$25,121	nt	Total Projected Amount \$25,121.91
Agency #	Agency Na	ame	Division		Agency Conta	act Name	_	y Contact one No.		Agency Contact E-mail Address
0105	Southern Ark Universi				KRISTY PENN	IINGTON	8702	2354017	kristy	oennington@saumag.edu
Item #	Category	Short	Description			Qua	ntity	UM Descrip	tion	Cost
00001	Services	VMwa	are Licenses and te	ech supp	ort renewal	000	001	each		\$12,560.95
00002	Services	VMwa	are Licenses and to	ech supp	ort renewal	000	001	each		\$12,560.96