

Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

BEFORE THE STATE CLAIMS COMMISSION
Of the State of Arkansas

RECEIVED

- Mr.
- Mrs.
- Ms.
- Miss

Paul Leopoulos Thea Foundation Claimant

vs.

State of Arkansas, Respondent

Do Not Write in These Spaces	
Claim No.	17-0154-CC
Date Filed	August 26, 2016
	(Month) (Day) (Year)
Amount of Claim \$	19,500.00
Fund	DHS/DYS
Unpaid Bill (s)	

Dept. of Human Service/Division of Youth Services

Thea Foundation COMPLAINT

Paul Leopoulos, the above named Claimant, of 401 Main St. North Little Rock ST. LOO

AR 72114 501-379-9512 County of Pulaski represented by _____

of _____ says:

State agency involved: Department of Youth Services/DHS Amount sought: \$19,500

Month, day, year and place of incident or service: July 20-22, 2015, Holiday Inn Airport; Aug-Feb 2016 - School Site

Explanation: June 15-16, 2016, Pulaski Technical Institute
The Thea Foundation is asking for payment of invoices that reflect the costs for training that was delivered to Arkansas Consolidated High School by Arkansas A+ Schools over the course of the 2015-2016 school year.

As parts of this complaint, the claimant makes the statements, and answers the following questions, as indicated: (1) Has claim been presented to any state department or officer thereof?

Yes; when? 08-17-2016; to whom? Department of Youth Services/DHS

and that the following action was taken thereon: Claim denied

and that \$ 0 was paid thereon: (2) Has any third person or corporation an interest in this claim? No; if so, state name and address

and that the nature thereof is as follows: _____; and was acquired on _____, in the following manner:

THE UNDERSIGNED states on oath that he or she is familiar with the matters and things set forth in the above complaint, and that he or she verily believes that they are true.

Paul Leopoulos (Print Claimant/Representative Name) Paul Leopoulos (Signature of Claimant/Representative)



SWORN TO and subscribed before me at North Little Rock AR

on this 25 day of August, 2016

Shannan Stewart (Notary Public)

SF1-R7/99

My Commission Expires: 07 31 2024

THEA Foundation

401 Main Street, Ste. 100
North Little Rock, AR 72114-5327

Invoice

Date	Invoice #
4/18/2016	67903

Bill To
Arkansas Department of Human Services Attn: James Washington PO Box 1437, Slot S505 Little Rock, AR 72203-1437

Description	Amount
Summer: July 20-22, 2015 3 Day Institute: All staff trained in the Eight Essential Elements of Arkansas A+. Meals and lodging provided.	6,000.00
Fall 2015: Aug. 25: ½ Day On Site Professional Development provided to all staff based on the Principal's assessment of need after initial implementation based on the Eight Essential Elements of Arkansas A+.	7000.00
Dec. 2: ½ Day On Site Professional Development provided to all staff.	
Spring 2016: Jan. 19: ½ Day On Site Professional Development provided to all staff.	
Feb. 9: ½ Day On Site Professional Development provided to all staff.	
1 Principal/Advocate's Retreat to address implementation issues and build network of schools.	
Total	\$13,000.00

SEP 06 2016

**BEFORE THE CLAIMS COMMISSION
OF THE STATE OF ARKANSAS**

RECEIVED
CLAIMANT

THEA FOUNDATION

VS.

CLAIM NO. 17-0154-CC

**STATE OF ARKANSAS
DHS/DYS**

RESPONDENT

ANSWER

Comes now the Respondent, Arkansas Department of Human Services, Division of Youth Services, and for its Answer states:

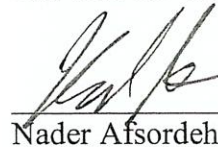
1. Respondent admits liability in the amount of \$19,500. Payment should be made as follows:

Agency Number:	0710
Cost Center:	420085
Internal Order:	HEXX00XX
Fund:	PWP8000
Fund Center:	896

WHEREFORE, Respondent prays this claim be paid in the amount of \$19,500 and for all other proper relief to which Respondent may be entitled.

Respectfully submitted,


ARKANSAS DEPARTMENT
OF HUMAN SERVICES
OFFICE OF CHIEF COUNSEL



Nader Afsordeh
Attorney – Bar #2010253
P.O. Box 1437, Slot S260
Little Rock, Arkansas 72203
Telephone # (501) 320-6351

CERTIFICATE OF SERVICE

This is to certify that I have served a copy of the foregoing Answer on Thea Foundation, 401 Main Street, Suite 100, North Little Rock, AR 72114, by depositing same in the U.S. Mail in a properly addressed envelope with adequate postage thereon this 6th day of September, 2016.



Nader Afsordeh
Attorney

STATE CLAIMS COMMISSION DOCKET
OPINION

19,500.00

17-0154-C

Amount of Claim \$ _____	Claim No. _____
Thea Foundation	Pro se
_____ Attorneys	_____ Claimant
_____ Claimant	_____ Claimant
vs.	David Sterling, Chief Counsel
Dept. of Human Services	Nader Afsordeh, Attorney
Division of Youth Services	Brenda Jackson, Accounts Payable
_____ Respondent	_____ Respondent
State of Arkansas	Misty Eubanks, Fiscal Officer
Date Filed September 12, 2016	Unpaid Bill
_____	Type of Claim _____

FINDING OF FACTS

This claim was filed for refund of expenses in the total amount of \$19,500.00 against the Department of Humans Services/Youth Services.

The Claims Commission hereby unanimously allows this claim in the amount of \$19,500.00 and will include the claim in a claims bill to the 91st General Assembly, Arkansas State Legislature, for subsequent approval and payment.

(See Back of Opinion Form)

CONCLUSION

The Claims Commission hereby unanimously allows this claim in the amount of \$19,500.00 and will include the claim in a claims bill to the 91st General Assembly, Arkansas State Legislature, for subsequent approval and payment.

October 13, 2016

Date of Hearing _____

October 13, 2016

Date of Disposition _____

_____ Chairman
 _____ Commissioner
 _____ Commissioner

OCT 24 2016

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

RECEIVED

THEA FOUNDATION

CLAIMANT

VS.

CASE NO: ¹⁷~~14~~-0154

ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES

RESPONDENT

JOINT MOTION TO REDUCE REWARD AMOUNT

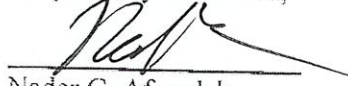
Comes now the Respondent, the Arkansas Department of Human Services, Division of Youth Services, by and through its attorney, Nader G. Afsordeh of the Office of Chief Counsel, and the Claimant, the THEA Foundation, and for their Joint Motion to Reduce Award Amount, agrees and states that:


1. On August 26, 2016 the Arkansas Department of Human Services received a claim submitted by the Thea Foundation indicating that they were owed \$19,500.00 for services rendered.
2. That while the Department of Human Services admitted liability, it later realized that invoice #67904 (Attachment A) was not for the amount listed in Cost List (Attachment B).
3. Specifically, the Cost List (Attachment B) indicated that Year 3 2-day Summer Conference would be billed at \$3,000.00 while invoice #67904 listed the same conference as \$6,500.00 (Attachment A).
4. Respondent reached out to Claimant concerning the discrepancy in the amount for the Year 3 2-day Summer Conference and Claimant agreed to issue a revised invoice #67904B for the amount of \$3,000.00 (Attachment C).
5. That before Respondent and Claimant could contact this tribunal, a Finding of Fact was issued directed Respondent to pay Claimant \$19,500.00.

6. That because both parties agree that the total award should be \$16,000.00, the parties request this tribunal to issue a revised order reflecting that Respondent is responsible for \$16,000.00.

WHEREFORE, Respondent and Claimant request that that Arkansas Claims Commission issue a revised Order finding that the Respondent, the Arkansas Department of Human Services, Division of Youth Services is responsible to pay for services rendered in the amount of \$16,000.00.

Respectfully submitted,


Nader G. Afsordeh
Ark. Bar No. 2010253
Attorney for DYS
Office of Chief Counsel
Arkansas Department of Human Services
P.O. Box 1427, S-260
Little Rock, AR 72203
(501) 320-6351
(501) 682-8009 (fax)


Melanie Landrum
Executive Director
Thea Foundation
401 Main Street
Suite 200
North Little Rock, AR 72114
(501) 353-0832
(501) 246-3975 (fax)

CERTIFICATE OF SERVICE

I, Nader Afsordeh, certify that a copy of the foregoing response has been served by e-mail upon the following on this 24th day of October, 2016

/s/ Nader Afsordeh

Nader G. Afsordeh

Melanie Landrum

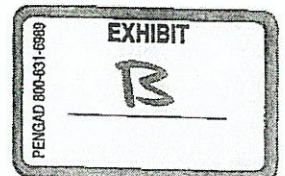


Network Schools - 3-Year Implementation
Services Provided & Cost List

Each AR A+ Network School receives the following:

Approximately 30 participants for 3 years:

Year	Service	Cost	Yearly Total Cost
Year 1	5-Day Summer Institute	\$10,000	
	2 Onsite Professional Development trainings	\$7,000	
	Implementation Materials/Services	\$10,000	
	Leadership Retreats/Network Events	no cost	
			\$27,000
Year 2	3-Day Summer Conference	\$6,000	
	2 Onsite Professional Development trainings	\$7,000	
	Implementation Materials/Services	\$10,000	
	Leadership Retreats/Network Events	no cost	
			\$23,000
Year 3	2-Day Summer Conference	\$3,000	
	2 Onsite Professional Development trainings	\$7,000	
	Implementation Materials/Services	\$10,000	
	Leadership Retreats/Network Events	no cost	
			\$20,000
Total Cost for 3-Year Implementation			\$70,000



ARKANSAS STATE CLAIMS COMMISSION



(501) 682-1619
FAX (501) 682-2823

BRENDA WADE
DIRECTOR

101 EAST CAPITOL AVENUE
SUITE 410
LITTLE ROCK, AR 72201-3823

October 25, 2016

Ms. Teresa Tripp
Mr. Brent Gasper
Bureau of Legislative Research
One Capitol Mall, 5th Floor
Little Rock, AR 72201

RE: Thea Foundation
Claim# 17-0154-CC
Vs.
DHS/Division of
Youth Services

This motion was received in our office on October 24, 2016 for Claim #17-0154-CC. However, due to the fact that the claim is over \$15,000.00, this claim was sent to the Bureau of Legislative Research on October 14, 2016 for review. We have informed the Respondent that they will need to address any further correspondence to your office since the claim is no longer within the jurisdiction of the AR State Claims Commission.

Brenda Wade

A handwritten signature in black ink that reads "B. Wade".

Director

BW/mh