EXHIBIT B.3

Arkansas State Claims Commission DEC 0 8 2017

RECEIVED

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

☐ Mrs. ☐ Ms.				DO MIN WITHER	These Spaces
				Claim No. 180498	
☐ Miss Central Arkansas Developmen	ent Council		Claimant	Date Filed Decembe (Month)	r 8 2017
	in Counci		, Claimant	1	
VS.				Amount of Claim \$19,9	36.05
State of Arkansas, Respondent				Fund DHS	
pt. of Human S	Services			Unpaid	_Bill
per of naman b	er vices	COM	PLAINT		
Central Arkansas Developmen	nt Council		- P.O. Boy 590	Poston	
(Name)		, the above named Claima	est, of P.O. Box 580.	(Street or R.F.D. & No.)	(City)
Arkansas 72018 501-315-1		County of Saline	гергезе	nted by	70
	(Daytime Phone No.)			(Legal Counsel, if an	y, for Claim)
of (Street and No.)		(City) (Stat	te) (Zip Code)	(New Year)	, s
State agency involved: Arkansa	as Department of Hum	**************************************		(Phone No.)	(Fax No.)
Month, day, year and place of it			Amo	unt sought: \$19,936.05	
TEFAP/CSFP coordinator. Attac \$19,936.05. Central Arkansas [Development Council	is submitting 1 claim for one	combined payment.	e for TEPAP in the amount of \$	5,470.52 for a total amount
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; when?		nts, and answers the following qu	uestions, as indicated: (1	1) Has claim been presented to any	state department or officer the
; when?	Month) (Day)			1) Has claim boon presented to any (Department)	state department or officer the
; when? (Yes or No) (N	Month) (Day)	(Year) hat the following action was take	on thereon:	(Department)	state department or officer the
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BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

CENTRAL ARKANSAS DEVELOPMENT COUNCIL

CLAIMANT

V.

CLAIM NO. 180498

ARKANSAS DEPARTMENT OF HUMAN SERVICES-DIVISION OF COUNTY OPERATIONS

RESPONDENT

ORDER

This claim was filed by Central Arkansas Development Council on December 8, 2017, against Arkansas Department of Human Services–Division of County Operations (the "Respondent") for unpaid bills in the total amount of \$19,936.05.

The Respondent filed an answer on December 21, 2017, admitting liability as to Purchase Order 4501672523 in the amount of \$6,470.62 and as to Purchase Order 4501672504 in the amount of \$13,465.43, for a total amount of \$19,936.05.

The Arkansas State Claims Commission (the "Claims Commission") unanimously allows this claim in the amount of \$19,936.05, as recommended by Respondent, and refers this claim to the General Assembly for review and placement on an appropriations bill pursuant to Ark. Code Ann. § 19-10-215(b).

IT IS SO ORDERED.

Lewy C. Kinslow

ARKANSAS STATE CLAIMS COMMISSION

Dexter Booth Henry Kinslow, Co-Chair Bill Lancaster Sylvester Smith Mica Strother, Co-Chair

DATE: December 28, 2017

Notice(s) which may apply to your claim

- (1) A party has forty (40) days from the date of this Order to file a Motion for Reconsideration or a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(b). If a Motion for Reconsideration is denied, that party then has twenty (20) days from the date of the denial of the Motion for Reconsideration to file a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(b)(3). A decision of the Claims Commission may only be appealed to the General Assembly. Ark. Code Ann. § 19-10-211(a).
- (2) If a Claimant is awarded less than \$15,000.00 by the Claims Commission at hearing, that claim is held forty (40) days from the date of disposition before payment will be processed. *See* Ark. Code Ann. § 19-10-211(b). Note: This does not apply to agency admissions of liability and negotiated settlement agreements.
- (3) Awards or negotiated settlement agreements of \$15,000.00 or more are referred to the General Assembly for approval and authorization to pay. Ark. Code Ann. § 19-10-215(b).