

**PCS/TGS - Executed Contracts**

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/07/2020	PFM ASSET MANAGEMENT	RA1204083	00	03/01/2020 To 02/28/2024	Request for Proposal	\$16,500.00	\$66,000.00
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	Consultant Fees			00004	Years	\$60,000.00
00001	Expenses	Travel			00004	Years	\$6,000.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
01/07/2020	JOHN DEWEY WATSON PA	4600035748	05	10/01/2015 To 06/30/2021	Request for Qualifications	\$24,000.00	\$162,000.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0224	Contractor's Licensing Board		JODIE HATFIELD		501-371-1520	jodie.hatfield@arkansas.gov	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE, HEARING OFFICER			72000	Lump Sum	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/04/2020	AREA AGENCY ON AGING OF SE ARKANSAS	4600030666	08	09/01/2013 To 06/30/2020	Request for Qualifications	\$31,000.00	\$40,000.00
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
00005	Personnel	PRO SERVICE, COMPENSATION FEE			1953	Lump Sum	\$1.00
00006	Personnel	PRO SERVICE, COMPENSATION FEE			5000	Lump Sum	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/04/2020	SOUTH ARKANSAS REGIONAL HEALTH CENTER	4600030667	08	09/01/2013 To 06/30/2020	Request for Qualifications	\$29,500.00	\$35,000.00
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
00004	Personnel	PRO SERVICE, COMPENSATION FEE			4961	Lump Sum	\$1.00
00005	Personnel	PRO SERVICE, COMPENSATION FEE			1000	Lump Sum	\$1.00
00006	Personnel	PRO SERVICE, COMPENSATION FEE			5000	Lump Sum	\$1.00

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02/04/2020	WESTERN ARKANSAS COUNSELING & GUIDANCE	4600030669	08	09/01/2013 To 06/30/2020	Request for Qualifications	\$43,000.00	\$48,000.00
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	29500	Lump Sum	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/04/2020	UNIVERSITY OF ARKANSAS-MEDICAL SCIENCES	4600032041	07	07/01/2014 To 06/30/2020	Request for Qualifications	\$40,000.00	\$50,000.00
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	24000	Lump Sum	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/04/2020	UNIVERSITY OF ARKANSAS-MEDICAL SCIENCES	4600034772	08	09/01/2014 To 06/30/2020	Request for Qualifications	\$24,000.00	\$33,000.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0425	Insurance Department		CARROLL ASTIN		501-371-2785	lesia.carter@arkansas.gov	

Item #	Category	Short Description	Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE, COMPENSATION FEE	24000	Lump Sum	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
01/06/2020	WATERSHED HUMAN AND COMMUNITY	4600045832	00	01/01/2020 To 12/31/2023	Request for Qualifications	\$20,000.00	\$140,000.00
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	20000	Lump Sum	\$1.00

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01/16/2020	FORT SMITH CHILDRENS EMERGENCY SHEL	4600034180	08	07/01/2015 To 02/28/2020	Request for Proposal	\$5,600.00	\$53,600.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0710	Arkansas Department of Human Services	Division of Children & Family Services	BRANDI BENSON		501-682-8945	dhs.rmu@arkansas.gov	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Personnel	PROF. SERVICE SPECIALTY HOUSE			12060	Lump Sum	\$1.00
00002	Personnel	PRO SERVICE, RESPITE CARE			20636	Lump Sum	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
01/29/2020	BROADWAY SECURITY INC	4600039622	03	03/14/2017 To 03/31/2021	Competitive Bid	\$27,040.00	\$189,280.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0710	Arkansas Department of Human Services	Division of County Operations	BRANDI BENSEN		501-320-6476	Brandi.Bensen@dhs.arkansas.gov	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Services	TECH SERVICE, SECURITY			4160	Each	\$13.00
00002	Services	TECH SERVICE, SECURITY			4160	Each	\$13.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
01/22/2020	BEST JANITORIAL SERVICE	4600045911	00	01/09/2020 To 01/31/2021	Competitive Bid	\$32,204.52	\$225,431.64
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0710	Arkansas Department of Human Services	Division of Youth Services	Janice F Edwards		501-682-6536	jan.edwards@dhs.arkansas.gov	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Services	TECH SERVICE, JANITORIAL			00012	Months	\$1,118.21

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
01/17/2020	BAPTIST HEALTH MEDICAL CENTER	4600039973	03	07/01/2017 To 06/30/2021	Competitive Bid	\$23,485.00	\$164,395.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0960	Arkansas State Police		CAMREN BRENTON		501-618-8309	Camren.Brenton@asp.arkansas.gov	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Services	FEE, TESTING, DRUG			1644	Each	\$1.00
00002	Services	FEE, TESTING, DRUG			1356	Each	\$1.00
00003	Services	FEE, TESTING, DRUG			200	Each	\$1.00
00004	Services	FEE, TESTING, DRUG			60	Each	\$1.00
00005	Services	FEE, TESTING, DRUG			100	Each	\$1.00

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01/24/2020	WASTE CORPORATION OF ARKANSAS	4600040395	03	07/01/2017 To 06/30/2021	Competitive Bid	\$6,674.80	\$46,723.60
<b>Agency #</b>	<b>Agency Name</b>	<b>Division</b>	<b>Agency Contact Name</b>		<b>Agency Contact Phone No.</b>	<b>Agency Contact E-mail Address</b>	
0960	Arkansas State Police		CAMREN BRENTON		501-618-8309	Camren.Brenton@asp.arkansas.gov	
<b>Item #</b>	<b>Category</b>	<b>Short Description</b>			<b>Quantity</b>	<b>UM Description</b>	<b>Cost</b>
00001	Services	TECH SERVICE,WASTE DISPOSAL			00012	Months	\$522.90
00002	Services	TECH SERVICE,WASTE DISPOSAL			00005	Months	\$80.00