

DEC 14 2015

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

- Mr.
- Mrs.
- Ms.
- Miss

Public Health Foundation

Claimant

vs.

State of Arkansas, Respondent

AR Dept. of Health

Do Not Write in These Spaces	
Claim No.	16-0436-CC
Date Filed	December 14, 2015
	(Month) (Day) (Year)
Amount of Claim \$	27,500.00
Fund	DOH
Unpaid Bill	

COMPLAINT

Public Health Foundation, the above named Claimant, of 1300 L Street, NW Suite # 800  
(Name) (Street or R.F.D. & No.) (City)

Washington, DC 20005 (202) 218-4400 County of \_\_\_\_\_ represented by \_\_\_\_\_  
(State) (Zip Code) (Daytime Phone No.) (Legal Counsel, if any, for Claim)

of \_\_\_\_\_ says:  
(Street and No.) (City) (State) (Zip Code) (Phone No.) (Fax No.)

State agency involved: Arkansas Department of Health Amount sought: \$27,500.00

Month, day, year and place of incident or service: 08/01/13 - 7/31/14

Explanation:  
During the course of closing our fiscal year and preparing for our annual audit, we discovered that we neglected to invoice the Arkansas Department of Health for the TRAIN learning management system recurring subscription renewal for 08/01/13 - 7/31/14. Arkansas Department of Health's previous and subsequent subscriptions have been paid. Enclosed please find invoice # 16-011 dated July 31, 2015 and the email thread concerning the payment.  
Please contact John Foster, (202) 218-4403 or email: jfoster@phf.org with any questions or for additional information.

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? July 31, 2015 ; to whom? Arkansas Department of Health  
(Yes or No) (Month) (Day) (Year) (Department)  
and that the following action was taken thereon: Referred to Claims Commission to seek payment for the unpaid invoice.

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  
(Name) (Street or R.F.D. & No.) (City) (State) (Zip Code)  
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.

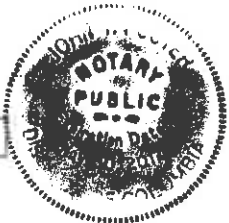
Sue Madden

(Print Claimant/Representative Name)

*Sue Madden*  
(Signature of Claimant/Representative)

SWORN TO and subscribed before me at Washington, DC

(SEAL)



on this 7th day of December 2015  
(City) (State)  
(Month) (Year)

My Commission Expires: NOVEMBER 30 2017  
(Month) (Day) (Year)

SF1- R7799



PHF  
7/31/15  
JFH

1300 L Street, NW / Suite 800  
Washington, DC 20005  
202.218.4400  
202.218.4409 Fax  
Email: info@phf.org  
www.phf.org

## Invoice

Arkansas Department of Health  
Accounts Payable  
4815 West Markham Slot 28  
Little Rock AR 72205

PHF INVOICE #	16-011
DATE	July 31, 2015
Customer Reference #	
Authorizing Contact	Amanda Stanisor 501-661-2604

Description	Your Cost	Previously Billed	Current Billing
<b>Task 01. Subscription renewal, TRAIN learning management system, 8/1/2013 – 7/31/2014.</b>	\$ 27,500.00	0.00	\$ 27,500.00

**TOTAL**

**\$ 27,500.00**

Pay this amount

Services invoiced in accordance with the schedule of payments set forth in the contract documents.  
For invoice questions, please contact John Foster at the Public Health Foundation, jfoster@phf.org or (202) 218-4400 ext.103.  
**Public Health Foundation FEIN: 52-1237297**  
**Public Health Foundation DUNS#: 150716850**

**Terms:**

**Subscription Renewals:** Standard renewal fees for existing Affiliates shall be paid in advance 30 days before the start date for the subscription year.

**Special Services:** Affiliate shall pay PHF for Special Services in advance or in two payments of fifty percent (50%) due upon execution of this amendment and fifty percent (50%) due within 14 days after PHF notifies Affiliate that such service is complete. Fees paid for special services, such as enhancements to TRAIN features or additional customizations to the Affiliate site, are non-refundable. If Affiliate has agreed to provide partial payment for a special service to be shared by several subscribers and there is not sufficient participation by other Affiliates or funders to cover the full cost of such service, PHF may notify Affiliate that it will not proceed with the service and offer Affiliate a credit for any fees paid. PHF will have full discretion to decide whether or not to continue with the development of a special service. If Affiliate chooses to terminate a special service project after work has begun, Affiliate will be entitled to a credit for that portion of the amount Affiliate has paid which is determined by PHF to constitute payment for work not yet completed. Affiliate may apply any credit toward the cost of future subscriptions or other special services.

**Past Due Payments:** If Affiliate fails to pay PHF for agreed-upon special services when payment is due, or if Affiliate fails to pay PHF the subscription renewal fee when due, then PHF may notify Affiliate that PHF will suspend access to Affiliate's web site if payment is not received within 14 days of such notice. Upon suspension, Affiliate and any employees or other participants registered through Affiliate shall be denied access to the Affiliate's web site. If Affiliate pays a past-due amount to reinstate its TRAIN subscription, PHF will use its best efforts to re-establish access within 7 days after receipt of payment, but PHF will not guarantee access within a particular time, and Affiliate waives all claims of injury or loss due to the suspension of access. The beginning date of Affiliate's subscription year will not be changed as a result of any suspension of access.

**Payment constitutes acceptance that all provisions of the original TrainingFinder Real-time Affiliate Integrated Network (TRAIN) contract between Affiliate and PHF, dated 3/12/2003, shall continue to be binding, except for the service and payment terms explicitly noted above.**



Public Health Foundation

# QUOTE

**Innovative Solutions. Measurable Results**

Date: May 2, 2013  
QUOTATION #13-017  
Expiration Date: 8-02-13

**Bill to:**

Amanda Stanisor  
Workforce Development Supervisor  
Offices of Human Resources  
Arkansas Department of Health  
4815 West Markham St. – Slot 26  
Little Rock, AR 72205

**Ship to:**

Amanda Stanisor  
Workforce Development Supervisor  
Offices of Human Resources  
Arkansas Department of Health  
4815 West Markham St. – Slot 26  
Little Rock, AR 72205

Salesperson	P.O. Number	Payment Terms	Due Date
Lois Banks		Net 30 Days	

Qty	Description	Unit Price	Line Total
1	2013-2014 TRAIN Subscription Renewal	27,500	27,500
		Subtotal	27,500
		Total	\$27,500

**Thank you for your business!**

Public Health Foundation 1300 L Street, N.W., Suite 800 Washington, DC 20005  
Phone: 202-218-4427 Fax 202-218-4409 lbanks@phi.org

MAILED  
5/2/2013

## Katrina Hill

---

**From:** Samantha Draper  
**Sent:** Tuesday, November 17, 2015 12:31 PM  
**To:** Katrina Hill  
**Subject:** FW: PHF Invoices

Hi Katrina,

Here is the email chain I have about the 2013-2014 Arkansas subscription renewal payment. It looks like John was going to contact her.

Thanks,  
Samantha

**From:** John Foster  
**Sent:** Monday, August 10, 2015 10:47 AM  
**To:** Samantha Draper  
**Subject:** RE: PHF Invoices

Thanks. I'll contact her.

jf

*John T. Foster*

Business & Compliance Manager  
Public Health Foundation  
1300 L Street NW  
Suite 800  
Washington, DC 20005

202.218.4403 Direct  
202.218.4400 Main  
202.218.4409 Fax

Email: [jfoster@phf.org](mailto:jfoster@phf.org)

PHF is seeking input from learners and course providers as we develop a new platform for TRAIN, the nation's premier learning management network for professionals and volunteers who protect the public's health. Share your thoughts by completing a brief TRAIN Learner Feedback Questionnaire or TRAIN Course Provider Questionnaire by August 31, 2015.

*Healthy Practices. Healthy People. Healthy Places.*  
[www.phf.org](http://www.phf.org)

**From:** Samantha Draper  
**Sent:** Monday, August 10, 2015 10:47 AM  
**To:** John Foster  
**Subject:** FW: PHF Invoices

Hi John, -

I just received the email below from Arkansas, it looks like they emailed Katrina about reconciling the unpaid subscription year but obviously she was out last week so I thought I would forward this to you. Would you like me to contact Rose Ann or would you prefer to touch base with her on this issue?

I have also attached the email I sent to Amanda in May of 2013 with their reminder quote attached, so that you have that for reference.

Thanks,  
Samantha

**From:** RoseAnn Carter-Foster [mailto:[RoseAnn.Carter-Foster@arkansas.gov](mailto:RoseAnn.Carter-Foster@arkansas.gov)]  
**Sent:** Monday, August 10, 2015 10:31 AM  
**To:** Katrina Hill  
**Cc:** Samantha Draper  
**Subject:** FW: PHF Invoices

Good morning Katrina,  
Just following up on my message from last week because I haven't heard from you yet.

Thanks so much!  
Rose Ann

**From:** RoseAnn Carter-Foster  
**Sent:** Thursday, August 06, 2015 12:51 PM  
**To:** 'KHill@phf.org'  
**Subject:** FW: PHF Invoices

Katrina,

I've been asked to reconcile our account with Public Health Foundation. Please see the attached spreadsheet. It appears we were never billed for nor paid for the time frame 8/1/2013 – 7/31/2014.

Unfortunately we would be unable to pay for this time frame now. By law, we can only pay for any expenses from the current fiscal year & one previous fiscal year. With that said, we cannot pay for anything prior to 7/1/2014. PHF would have to seek payment from the Arkansas State Claims Commission.

Once you've had a chance to review this information, please give me a call to discuss.  
Thanks so much!  
Rose Ann

Rose Ann Carter Foster  
Payables Section Manager  
(501) 280-4480

**From:** Diane Smithson  
**Sent:** Wednesday, August 05, 2015 7:26 AM  
**To:** RoseAnn Carter-Foster  
**Subject:** FW: PHF Invoices

Rose Ann,  
Can I get your help reconciling this account? When you get a minute, come see me.  
Thanks,  
Diane

**From:** Christal Thomas  
**Sent:** Tuesday, August 04, 2015 4:12 PM  
**To:** Diane Smithson  
**Subject:** FW: PHF Invoices

**From:** Katrina Hill [<mailto:KHill@phf.org>]  
**Sent:** Friday, July 31, 2015 4:27 PM  
**To:** Amanda Stanisor; Christal Thomas  
**Cc:** Samantha Draper; Ilya Plotkin  
**Subject:** PHF Invoices

Christal/Amanda,

Please see invoices for your TRAIN subscription attached.

Regards,

Katrina

---

***Katrina Hill***  
*Administrative Bookkeeper*  
**Public Health Foundation**  
1300 L Street, NW  
Suite 800  
Washington, DC 20005  
[www.phf.org](http://www.phf.org)

[khill@phf.org](mailto:khill@phf.org)  
202.218.4401 Ext. 101

PHF introduces a new workshop, [Aligning Accreditation Plans](#), to help health departments understand how the various plans required for public health accreditation relate to and mutually reinforce each other. Get started with aligning and successfully implementing your health department's accreditation plans. Contact Margie Beaudry at (202)218-4415 or [mbeaudry@phf.org](mailto:mbeaudry@phf.org) to inquire about this service.

*Healthy Practices. Healthy People. Healthy Places.*

## Katrina Hill

---

**From:** John Foster  
**Sent:** Thursday, August 06, 2015 3:27 PM  
**To:** Katrina Hill  
**Subject:** RE: PHF Invoices

Thanks.

jf

**From:** Katrina Hill  
**Sent:** Thursday, August 06, 2015 3:26 PM  
**To:** John Foster  
**Subject:** FW: PHF Invoices

John,

See the message below regarding Inv. 16-011 for 2013/2014.

Katrina

---

***Katrina Hill***  
*Administrative Bookkeeper*  
***Public Health Foundation***  
*1300 L Street, NW*  
*Suite 800*  
*Washington, DC 20005*  
[www.phf.org](http://www.phf.org)

[khill@phf.org](mailto:khill@phf.org)  
*202.218.4401 Ext. 101*

PHF is seeking input from learners and course providers as we develop a new platform for TRAIN, the nation's premier learning management network for professionals and volunteers who protect the public's health. Share your thoughts by completing a brief TRAIN Learner Feedback Questionnaire or TRAIN Course Provider Questionnaire by August 31, 2015.

*Healthy Practices. Healthy People. Healthy Places.*

---

**From:** RoseAnn Carter-Foster [<mailto:RoseAnn.Carter-Foster@arkansas.gov>]  
**Sent:** Thursday, August 06, 2015 1:51 PM  
**To:** Katrina Hill  
**Subject:** FW: PHF Invoices

Katrina,

I've been asked to reconcile our account with Public Health Foundation. Please see the attached spreadsheet. It appears we were never billed for nor paid for the time frame 8/1/2013 – 7/31/2014.

Unfortunately we would be unable to pay for this time frame now. By law, we can only pay for any expenses from the current fiscal year & one previous fiscal year. With that said, we cannot pay for anything prior to 7/1/2014. PHF would have to seek payment from the Arkansas State Claims Commission.

Once you've had a chance to review this information, please give me a call to discuss.

Thanks so much!

Rose Ann

Rose Ann Carter Foster  
Payables Section Manager  
(501) 280-4480

**From:** Diane Smithson  
**Sent:** Wednesday, August 05, 2015 7:26 AM  
**To:** RoseAnn Carter-Foster  
**Subject:** FW: PHF Invoices

Rose Ann,

Can I get your help reconciling this account? When you get a minute, come see me.

Thanks,

Diane

**From:** Christal Thomas  
**Sent:** Tuesday, August 04, 2015 4:12 PM  
**To:** Diane Smithson  
**Subject:** FW: PHF Invoices

**From:** Katrina Hill [<mailto:KHill@phf.org>]  
**Sent:** Friday, July 31, 2015 4:27 PM  
**To:** Amanda Stanisor; Christal Thomas  
**Cc:** Samantha Draper; Ilya Plotkin  
**Subject:** PHF Invoices

Christal/Amanda,

Please see invoices for your TRAIN subscription attached.

Regards,

Katrina

---

***Katrina Hill***  
*Administrative Bookkeeper*



**Public Health Foundation**

1300 L Street, NW

Suite 800

Washington, DC 20005

[www.phf.org](http://www.phf.org)

[khill@phf.org](mailto:khill@phf.org)

202.218.4401 Ext. 101

PHF introduces a new workshop, Aligning Accreditation Plans, to help health departments understand how the various plans required for public health accreditation relate to and mutually reinforce each other. Get started with aligning and successfully implementing your health department's accreditation plans. Contact Margie Beaudry at (202)218-4415 or [mbeaudry@phf.org](mailto:mbeaudry@phf.org) to inquire about this service.

*Healthy Practices. Healthy People. Healthy Places.*

**BEFORE THE ARKANSAS STATE CLAIMS COMMISSION**

PUBLIC HEALTH FOUNDATION

CLAIMANT

VS.

CLAIM NO. 16-0436-CC

ARKANSAS DEPARTMENT OF HEALTH

RESPONDENT

ANSWER

Comes now the Arkansas Department of Health, Respondent in the above-styled and numbered action, and for its Answer, states as follows:

1. Respondent does not contest liability in the amount of twenty-seven thousand five hundred dollars (\$27,500.00) for Invoice # 16-011.

2. Applicable funding codes regarding payment of the claim for Invoice # 16-011 are:

**Cost Center**           **609001**  
**Internal Order #**   **AAMP00XX**  
**Business Area**     **0645**  
**Fund Center**       **34P**

Arkansas  
State Claims Commission

DEC 23 2015

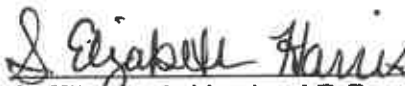
RECEIVED

WHEREFORE, Respondent does not oppose the claim in the amount of twenty-seven thousand five hundred dollars (\$27,500.00).

Respectfully submitted,

ARKANSAS DEPARTMENT OF  
HEALTH

By:




S. Elizabeth Harris, AR Bar #2009134  
Deputy General Counsel  
(501) 280-4034  
(501) 661-2357 (Facsimile #)

Attorney for Respondent

CERTIFICATE OF SERVICE

I, S. Elizabeth Harris, Deputy General Counsel, certify that a copy of the foregoing document has been served by U. S. Mail, postage prepaid, this 18th day of December 2015, to the following:

Sue Madden  
Public Health Foundation  
1300 L. Street, Suite 800  
Washington, DC 20005

  
S. Elizabeth Harris

Arkansas  
State Claims Commission  
DEC 23 2015

RECEIVED

STATE CLAIMS COMMISSION DOCKET  
OPINION

Amount of Claim \$ 27,500.00 Claim No. 16-0436-CC  
Public Health Foundation Attorneys Pro se  
\_\_\_\_\_ Claimant \_\_\_\_\_ Claimant  
vs.  
AR Dept. of Health S. Elizabeth Harris, Attorney  
\_\_\_\_\_ Respondent \_\_\_\_\_ Respondent  
State of Arkansas December 14, 2015 Unpaid Bill  
Date Filed \_\_\_\_\_ Type of Claim \_\_\_\_\_

FINDING OF FACTS

This claim was filed for an unpaid bill in the total amount of \$27,500.00 against the Arkansas Department of Health.

The Respondent admitted liability and recommended payment in the amount of \$27,500.00 in a letter or Answer received December 23, 2015.

The Claims Commission hereby **unanimously allows this claim in the amount of \$27,500.00 and will include the claim in a claims bill to the 91<sup>st</sup> General Assembly, Arkansas State Legislature 2016, for subsequent approval and payment.**

**IT IS SO ORDERED.**

(See Back of Opinion Form)

CONCLUSION

Upon consideration of all the facts, as stated above, **the Claims Commission hereby unanimously allowed this claim in the amount of \$27,500.00 and will include the claim in a claims bill to be submitted to the 91<sup>st</sup> General Assembly, Arkansas State Legislature 2016 for subsequent approval and payment.**

Date of Hearing January 14, 2016

Date of Disposition January 14, 2016

[Signature] Chairman  
[Signature] Commissioner  
[Signature] Commissioner

\*\*Appeal of any final Claims Commission decision is only to the Arkansas General Assembly as provided by Act #33 of 1997 and as found in Arkansas Code Annotated §19-10-211.