

Arkansas
State Claims Commission

DEC 06 2017

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Please print in ink or type

BEFORE THE STATE CLAIMS COMMISSION
Of the State of Arkansas

- Mr.
- Mrs.
- Ms.
- Miss

Arkansas Foodbank Claimant

vs.

State of Arkansas, Respondent

Dept. of Human Services

COMPLAINT

Arkansas Foodbank the above named Claimant, of 4310 West 65th St. Little Rock
(Name) (Street or R.F.D. & No.) (City)

AR 72209 501-561-4334 County of Pulaski 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: Department of Human Services Amount sought: 54,155.74

Month, day, year and place of incident or service: 9/12/2017, 10/10/2017, 11/24/2017

Explanation: Regular monthly failure to reimburse the Foodbank for expenses associated with distribution of USDA commodities went unpaid past the USDA fiscal cut off. DHS system is now unable to process the invoices. This was apparently caused by a system or process change at DHS as nothing in our process changed. See attached invoices.

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? 9/12/17, 10/10/17, 11/24/17 to whom? Department of Human Services
(Yes or No) (Month) (Day) (Year) (Department)

and that the following action was taken thereon: invoices submitted as scheduled.

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

_____ 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.

Ovee Furr
(Print Claimant/Representative Name)

[Signature]
(Signature of Claimant/Representative)

ABI Y RESENDIZ
NOTARY PUBLIC - ARKANSAS
SEASALINE COUNTY
My Commission Expires 05-22-2027
Commission No. 12701070

SWORN TO and subscribed before me at Little Rock Arkansas

on this 4th day of December, 2017
(Date) (Month) (Year)

[Signature]
(Notary Public)

My Commission Expires: May 22 2027
(Month) (Day) (Year)

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

ARKANSAS FOODBANK

CLAIMANT

V.

CLAIM NO. 180485

**ARKANSAS DEPARTMENT OF
HUMAN SERVICES–DIVISION OF
COUNTY OPERATIONS**

RESPONDENT

ORDER

This claim was filed by Arkansas Foodbank on December 5, 2017, against Arkansas Department of Human Services–Division of County Operations (the “Respondent”) for unpaid bills in the total amount of \$54,155.74.

The Respondent filed an answer on December 21, 2017, admitting liability in the amount of \$54,155.74.

The Arkansas State Claims Commission (the “Claims Commission”) unanimously allows this claim in the amount of \$54,155.74, 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.

Henry 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).