Date Submitted 09/07/2023	Vendor Nai		<b>Contract No.</b> 4502175195	Amend No. 00	Contract Period 10/01/2023 06/30/2024	Method Procure Reques Qualifica	ment t for	Annual Contract Amount \$29,400.00	Total Projected Amount \$29,400.00
Agency #	Agency Na	ame	Division	A	Agency Conta	ct Name		cy Contact	Agency Contact
0009	Arkansas Leg				004 Purcha			<b>one No.</b> 683-8600 ia	E-mail Address na.cason@arklegaudit.gov
	Audit					J		,	
Item #	Category	Short	Description			Qua	ntity	UM Description	Cost
00001	Personnel	PRO S	SERVICE,COMPE	NSATIO	N FEE	249	900	each	\$1.00
00002	Personnel	PRO S	SERVICE,REIMB	EXP,PR0	OF & ADMIN	04	500	Lump Sum	\$1.00
Date Submitted	Vendor Na		Contract No.	Amend No.	Contract Period	Method Procure		Annual Contract	Total Projected Amount
09/29/2023	PRESIDIO NETWORK	-	RA1234188	02	05/26/2023 To	Coopera		<b>Amount</b> \$28,933.33	\$86,800.00
	SOLUTION	NS			08/31/2026			φ26,933.33 cy Contact	Agency Contact
Agency #	Agency Na		Division		Agency Conta		Ph	one No.	E-mail Address
0135	University of A at Fayette		UA Fayettevi	lle	ELLEN FERG	SUSON	479-	575-5314	ellenf@uark.edu
Item #	Category	Short	Description			Qua	ntity	UM Description	Cost
00001	Services		onal Enterprise Sy entation.	stems tea	am staffing	000	001	Activity unit	\$37,400.00
Date Submitted	Vendor Na	me	Contract No.	Amend No.	Contract Period	Method Procure		Annual Contract	Total Projected Amount
09/05/2023	PFM FINANO ADVISOR		RA1244202	00	09/01/2023 03/31/2025	Reques Propo		<b>Amount</b> \$25,250.00	\$50,500.00
Agency #	Agency Na	ame	Division	ļ	Agency Conta	ct Name		cy Contact	Agency Contact
0135	University of A at Fayette		UA Fayettevi	lle	ELLEN FERG	SUSON		<b>one No.</b> 575-5314	E-mail Address ellenf@uark.edu
Item #	Category	Short	Description			Qua	ntity	UM Description	Cost
00001	Personnel	Adviso	ory professionals			000	002	Years	\$23,750.00
00001	Expenses	Travel	, supplies, printing	j, commu	inications	000	002	Years	\$1,500.00
Date Submitted	Vendor Na	me	Contract No.	Amend No.	Contract Period	Method Procure		Annual Contract	Total Projected Amount
08/31/2023	CREDO LL	-C	RA1244204	00	09/05/2023 12/20/2023	Competiti		Amount \$40,000.00	\$40,000.00
Agency #	Agency Na	ame	Division	ļ	Agency Conta	ct Name	_	cy Contact	Agency Contact
			UA Fayettevi		ELLEN FERG			<b>one No.</b> 575-5314	E-mail Address ellenf@uark.edu
0135	University of A at Fayette	ville							
0135	•		Description			Qua	ntity	UM Description	Cost
	at Fayette	Short	<b>Description</b> t Research Profes	sional		<b>Qua</b> 000	-	UM Description Years	<b>Cost</b> \$34,500.00

Date Submitted 09/22/2023	<b>Vendor Nan</b> CCA GLOBA PARTNERS I	λL	Contract No. RA20210069UAF	Amend No.	Contract Period 5/24/2021 To 6/29/2026	Metho Procure Sole Sou Justifica	ement irce by	Annual Contract Amount \$49,650.00	Total Projected Amount \$248,250.00
Agency #	Agency Na	me	Division		Agency Conta	act Name		cy Contact	Agency Contact
0135	University of Ar		UA Fayettevi		ELLEN FER			one No. 575-5314	E-mail Address ellenf@uark.edu
	at Fayettev		Green algorithms	0		000011	170	070 0011	onorn @ dank.odd
Item #	Category	Short	Description			Qua	antity	UM Description	Cost
00001	Services		ng for expansion o d Resources Platf			00	001	Activity unit	\$109,000.00
Date	Vendor Nan	ne	Contract No.	Amend	Contract	Metho		Annual	Total Projected
Submitted	COLORADO ST			No.	Period	Procure		Contract	Amount
09/18/2023	UNIVERSIT		RA23145399	02	10/1/2022 To	Intergover	nmentai	<b>Amount</b> \$43,110.00	\$43,110.00
Agency #	Agency Na	me	Division		12/31/2023 Agency Conta	act Name	_	cy Contact	Agency Contact
0145	University of Ar at Little Ro	kansas			SHERI O'E			one No. 916-5623	E-mail Address siobrien@ualr.edu
Item #	Category	Short	Description			Qua	ntity	UM Description	Cost
00001	Personnel		mendment is to ex	tend the	expiration da		001	Years	\$43,110.00
	i ersonner		No changes in sco					rears	Ψ+3,110.00
Date Submitted 09/29/2023	Vendor Nan	3	<b>Contract No.</b> RA23145428	Amend No. 02	Contract Period 12/1/2022	Metho Procure Reques	ement st for	Annual Contract Amount	Total Projected Amount \$89,273.00
	FOUNDATION MEDICAL CARE				9/30/2024	Propo		\$49,348.00	
Agency #	Agency Na		Division		Agency Conta	act Name		cy Contact one No.	Agency Contact E-mail Address
0145	University of Ar at Little Ro				SHERI O'E	BRIEN		916-5623	siobrien@ualr.edu
Item #	Category	Short	Description			Qua	antity	UM Description	Cost
00001	Personnel	Effort Preve while Feder	d funds to continue provisioned by the ntion & Treatment meeting all the req al Block Grant and es. This is the fina	Substar Block Gr Juirement DAABH	nce Abuse rant (SABG), ts set for by th	e	001	Years	\$49,348.00
Date Submitted	Vendor Nan	ne	Contract No.	Amend	Contract Period	Metho Procure		Annual	Total Projected Amount
09/06/2023	PUBLIC MED COMPANY		RA24145445	<b>No.</b> 00	09/01/2023 08/31/2024	Competit		Contract Amount \$25,000.00	\$25,000.00
Agency #	Agency Na	me	Division	,	Agency Conta	act Name		cy Contact	Agency Contact
0145	University of Ar at Little Ro				SHERI O'E			one No. 916-5623	E-mail Address siobrien@ualr.edu
Item #	Category	Short	Description			Qua	antity	UM Description	Cost
00001	Personnel	Contra and pi guide Phase Asses	actor will prepare a rovide strategic pla future growth for he a 1: Prepare Strate s the current perfo oning of KUAR; 2)	anning se KUAR Pu egic Asse ormance	ervices to help ablic Radio. ssment - 1)	00	001	Years	\$25,000.00

Date Submitted	Vendor Nar	ne	Contract No.	Amend No.	Contract Period	Method Procure		Annual Contract	Total Projected Amount
09/18/2023	LORI DELI	K	RA24145450	00	08/01/2023 09/30/2023	Sole Sour Justifica	-	<b>Amount</b> \$25,000.00	\$25,000.00
Agency #	Agency Na	ıme	Division	A	Adency Contact Name		cy Contact	Agency Contact	
0145	University of A at Little Ro	rkansas			SHERI O'B			one No. 916-5623	E-mail Address siobrien@ualr.edu
Item #	Category	Short I	Description			Qua	ntity	UM Description	Cost
00001	Personnel	ADE re	ced Placement Support completed a terminate for APSI 2024 a ation design set utants.	nd submi pproved,	tted, subject C-vent	000	060	Days	\$25,000.00
Date Submitted 09/27/2023	<b>Vendor Nar</b> VERTOSOFT		Contract No. RA2416507	Amend No.	Contract Period 10/20/2023	Method Procure Reques	ment t for	Annual Contract Amount	Total Projected Amount \$283,808.00
					06/30/2026	Propos		\$33,990.00	
Agency #	Agency Na	ıme	Division	A	gency Conta	ct Name		cy Contact one No.	Agency Contact E-mail Address
0165	University of ( Arkansa				MEGHAN CO	OWAN		4505013	meghanp@uca.edu
Item #	Category	Short I	Description			Qua	ntity	UM Description	Cost
00001	Services	Implen	nentation			000	001	value only	\$45,600.00
00002	Services	Audit N	Management Soft	ware Solu	ition	000	003	Years	\$91,740.00
Date Submitted	Vendor Nar	ne	Contract No.	Amend No.	Contract Period	Method Procure		Annual Contract	Total Projected Amount
09/28/2023	TOPHATMON( (US) COR		RA2416506	00	01/01/2024 06/30/2027	Reques Propos		<b>Amount</b> \$44,405.00	\$293,632.50
Agency #	Agency Na	ıme	Division	A	gency Conta	ct Name		cy Contact	Agency Contact
0165	University of ( Arkansa	Central			MEGHAN CO			one No. 4505013	E-mail Address meghanp@uca.edu
Item #	Category	Short I	Description			Qua	ntity	UM Description	Cost
00001	Services		tional Support			000	-	value only	\$10,000.00
00002	Commodities	Licens	e Period 2-4			000	003	Years	\$133,215.00
00001	Commodities	Licens	e Period 1			000	001	Years	\$17,202.50
Date Submitted	Vendor Nar	ne	Contract No.	Amend No.	Contract Period	Method Procure		Annual Contract	Total Projected Amount
00/40/0000	AREA AGENC AGING OF W	EST	4600045841	05	01/01/2020 <sub>To</sub> 6/31/2024	Reques Qualifica		<b>Amount</b> \$20,000.00	\$280,000.00
09/18/2023			<b>5.</b>	Δ	gency Conta	ct Name		cy Contact	Agency Contact
Agency #	CENTRA <b>Agency N</b> a	ıme	Division		.900, 00				
			Division		MARY DA			<b>one No.</b> 682-7678 m	E-mail Address ary.davis@arkansas.gov
Agency #	Agency Na	artment	Division		•	VIS			

Date Submitted 09/18/2023	Vendor Name AREA AGENCY ON AGING OF SE	<b>Contract No.</b> 4600045996	Amend No. 07	Contract Period 07/01/2020 To 06/30/2024	Method Procure Reques Qualifica	ment t for	Annual Contract Amount \$20,000.00	Total Projected Amount \$190,000.00
Agency #	ARKANSAS <b>Agency Name</b>	Division	Α	gency Conta	ct Name	_	cy Contact one No.	Agency Contact E-mail Address
0425	Insurance Department			MARY DA	VIS			mary.davis@arkansas.gov
Item #	Category Short	Description			Qua	ntity	UM Description	n Cost
00001		SERVICE,COMPE	NSATION	N FEE	064	129	Lump Sum	\$1.00
Date Submitted 09/18/2023	Vendor Name AREA AGENCY ON	Contract No.	Amend No.	Contract Period 07/01/2020	Method Procure Reques	ment	Annual Contract Amount	Total Projected Amount
09/18/2023	AGING OF	4600045997	06	07/01/2020 To 06/30/2024	Qualifica		\$15,000.00	\$180,000.00
Agency #	SOUTHWEST Agency Name	Division	Α	gency Conta		Pho	cy Contact one No.	Agency Contact E-mail Address
0425	Insurance Department			MARY DA	VIS	501-	682-7678	Mary.davis@arkansas.gov
Item #	Category Short	Description			Qua	ntity	UM Description	n Cost
00001	Personnel PRO	SERVICE,COMPE	NSATION	I FEE	257	<b>7</b> 14	Lump Sum	\$1.00
Date Submitted 09/19/2023	<b>Vendor Name</b> JANET L WHITTEN	Contract No. 4600049858	Amend No. 03	Contract Period 11/01/2021 06/30/2025	Method Procure Reques Qualifica	<b>ment</b> t for	Annual Contract Amount \$12,000.00	Total Projected Amount \$70,000.00
<b>Agency #</b> 0425	Agency Name Insurance Department	Division	A	gency Contac MARY DA	ct Name	Agend Pho	cy Contact one No.	Agency Contact E-mail Address Mary.davis@arkansas.gov
Item #	Category Short	Description			Qua	ntitv	UM Description	n Cost
00001		SERVICE,COMPE	NSATION	I FEE	100	-	Lump Sum	\$1.00
Date Submitted 09/19/2023	<b>Vendor Name</b> JANET L WHITTEN	<b>Contract No.</b> 4600049857	Amend No. 03	Contract Period 11/01/2021 To 06/30/2025	Method Procure Reques Qualifica	<b>ment</b> t for	Annual Contract Amount \$10,000.00	Total Projected Amount \$75,000.00
<b>Agency #</b> 0425	Agency Name Insurance Department	Division	A	gency Contac MARY DA	ct Name	Agend Pho	cy Contact one No.	Agency Contact E-mail Address mary.davis@arkansas.gov
Item #	Category Short	Description			Qua	ntity	UM Description	ı Cost
	• •	SERVICE,COMPE				000	Lump Sum	\$1.00

Date Submitted 09/19/2023 Agency # 0425	Vendor Name SOUTH ARKANSAS REGIONAL HEALTH CENTER Agency Name Insurance Departmen	Contract No. 4600046001  Division	Amend No. 05	Contract Period 07/01/2020 06/30/2024 gency Contac MARY DA		nent t for tions Agend Ph	Annual Contract Amount \$5,000.00 cy Contact one No. 682-7678	Total Projected Amount \$49,000.00  Agency Contact E-mail Address mary.davis@arkansas.gov
Item #	Category Shor	t Description			Quai	ntity	UM Description	n Cost
00001	Personnel PRO	SERVICE,COMPE	NSATION	N FEE	070	000	Lump Sum	\$1.00
Date Submitted 09/19/2023 Agency #	Vendor Name WHITE RIVER AREA AGENCY ON AGING INC Agency Name	Contract No. 4600047527  Division	Amend No. 07	Contract Period 10/01/2020 To 06/30/2024 gency Contact	Method Procurer Reques Qualifica	ment t for tions Agend	Annual Contract Amount \$5,000.00 cy Contact	Total Projected Amount \$140,000.00  Agency Contact
0425	Insurance Departmen		A	MARY DA			one No. 682-7678	E-mail Address Mary.Davis@arkansas.gov
Item # 00001	• •	t <b>Description</b> SERVICE,COMPE	NSATION	N FEE	<b>Qua</b> i 100	-	<b>UM Descriptio</b> Lump Sum	n <b>Cost</b> \$1.00
Date Submitted 09/19/2023	Vendor Name EAST ARKANSAS AREA AGENCY ON	<b>Contract No.</b> 4600047526	Amend No. 04	Contract Period 10/01/2020 06/30/2024	Method Procurer Reques Qualifica	<b>nent</b> t for	Annual Contract Amount \$10,000.00	Total Projected Amount \$73,500.00
<b>Agency #</b> 0425	AGING Agency Name Insurance Departmen	<b>Division</b>	A	gency Contac MARY DA		Ph	cy Contact one No. 682-7678	Agency Contact E-mail Address mary.davis@arkansas.gov
<b>Item #</b> 00001	• •	t <b>Description</b> SERVICE,COMPE	ENSATION	N FEE	<b>Qua</b> i 105	-	UM Description	n <b>Cost</b> \$1.00
Date Submitted 09/19/2023	Vendor Name  AREA AGENCY ON AGING OF WESTERN	Contract No. 4600047524	Amend No. 02	Contract Period 10/01/2020 06/30/2024	Method Procured Request Qualifica	<b>nent</b> t for	Annual Contract Amount \$5,000.00	Total Projected Amount \$73,500.00
Agency #	AR <b>Agency Name</b>	Division	Α	gency Contac	ct Name	_	cy Contact one No.	Agency Contact E-mail Address
0425	Insurance Departmen	t		MARY DA	VIS			mary.davis@arkansas.gov
<b>Item #</b> 00001		t <b>Description</b> SERVICE,COMPE	ENSATION	N FEE	<b>Qua</b> i 105	-	UM Description Lump Sum	n <b>Cost</b> \$1.00

Date Submitted 09/19/2023	Vendor Name AREA AGENCY ( AGING OF SOUTHWEST	ON 4600047522	Amend No. 02	Contract Period 10/01/2020 To 06/30/2024	Method Procure Reques Propo	ment et for sal	Annual Contract Amount \$10,000.00	Total Projected Amount \$70,000.00  Agency Contact
Agency #	Agency Name		Δ	gency Contac		_	one No.	E-mail Address
0425	Insurance Depart	ment		MARY DA'	/IS	501-6	682-7678	mary.davis@arkansas.gov
Item #	Category S	Short Description			Qua	ntity	UM Descriptio	n Cost
00001	Personnel F	PRO SERVICE,COMPE	NSATIO	N FEE	100	000	Lump Sum	\$1.00
Date Submitted 09/29/2023	Vendor Name MAINSTREAM	00111101	Amend No.	Contract Period 07/01/2020	Method Procure Reques	ment	Annual Contract Amount	Total Projected Amount \$35,000.00
				06/30/2024	Qualifica		\$25,714.29	, ,
Agency #	Agency Name	e Division	Δ	gency Contac	t Name		cy Contact one No.	Agency Contact E-mail Address
0425	Insurance Depart	ment		MARY DA	/IS			ary.davis@ARKANSAS.GOV
Item #	Category S	Short Description			Qua	ntity	UM Descriptio	n Cost
00001	Personnel F	PRO SERVICE,COMPE	OITARN	N FEE	042	286	Lump Sum	\$1.00
Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method Procure		Annual Contract	Total Projected Amount
09/18/2023	INDEPENDENC COUNTY	E 4600046016	01	07/01/2020 06/30/2024	Reques Qualifica		<b>Amount</b> \$4,000.00	\$45,000.00
Agency #	Agency Name	e Division	Δ	gency Contac	t Name		cy Contact one No.	Agency Contact E-mail Address
0425	Insurance Depart	ment		Becky Cro	)W			E-mail Address ECKY.CROW@ARKANSAS. GOV
Item #	Category S	Short Description			Qua	ntity	UM Descriptio	n Cost
00001		PRO SERVICE,COMPE	NSATIO	N FEE		129	Lump Sum	\$1.00
Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method Procure		Annual Contract	Total Projected Amount
09/19/2023	SOUTH ARKANS REGIONAL HEAL	.0000.00.0	01	07/01/2020 06/30/2024	Reques Qualifica		<b>Amount</b> \$5,000.00	\$70,000.00
Agency #	CENTER Agency Name	e Division	Δ	gency Contac	t Name		cy Contact	Agency Contact
0425	Insurance Depart			MARY DA			one No. 682-7678	E-mail Address Mary.Davis@arkansas.gov
Item #	Category S	Short Description			Qua	ntity	UM Descriptio	n Cost
10111 //								

Date Submitted 09/18/2023	Vendor Nan WHITE RIVER A AGENCY ON A	AREA	<b>Contract No.</b> 4600046010	Amend No. 04	Contract Period 07/01/2020 06/30/2024	Method Procure Reques Qualifica	ment st for	Annual Contract Amount \$20,000.00	Total Projected Amount \$250,000.00
Agency #	INC <b>Agency Na</b>	me	Division	A	gency Conta	ct Name	_	cy Contact one No.	Agency Contact E-mail Address
0425	Insurance Depa	artment			MARY DA	VIS			mary.davis@arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Description	n Cost
00001	Personnel		SERVICE,COMPE	NSATIO	N FEE		714	Lump Sum	\$1.00
Date Submitted 09/29/2023	<b>Vendor Nan</b> MAINSTRE <i>A</i>		<b>Contract No.</b> 4600046004	Amend No. 02	Contract Period 07/01/2020 06/30/2024	Method Procure Reques Qualifica	ment st for	Annual Contract Amount \$30.714.29	Total Projected Amount \$35,000.00
Agency #	Agency Na		Division	A	gency Conta	ct Name	Agend Ph	cy Contact one No.	Agency Contact E-mail Address
0425	Insurance Depa	artment			MARY DA	VIS	501-	·682-7678 Ma	ıry.davis@ARKANSAS.GOV
Item #	Category	Short	Description			Qua	ntity	UM Description	Cost
00001	Personnel	PRO S	SERVICE,COMPE	NSATIO	N FEE	042	286	Lump Sum	\$1.00
Date Submitted 09/06/2023	Vendor Nan META ASSOCI INC		Contract No. 4600053508	Amend No. 00	Contract Period 08/01/2023	Method Procure Competiti	ment	Annual Contract Amount	Total Projected Amount \$45,000.00
Aganay #	_	ma	Division		06/30/2024	at Nama	Agen	\$45,000.00 cy Contact	Agency Contact
<b>Agency #</b> 0500	Agency Na Departmen Education	t of	Division	,	<b>Agency Conta</b> Judi Fre			<b>one No.</b> -682-4479 Ju	E-mail Address ıdi.Free@ade.arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Description	Cost
00001	Personnel	PRO S	SERVICE,EVALUA	ATION,RI	ESEARCH	450	000	Lump Sum	\$1.00
Date Submitted	Vendor Nan		Contract No.	Amend No.	Contract Period	Method Procure	ment	Annual Contract	Total Projected Amount
09/18/2023	SERVICES L		4600042195	06	07/01/2018 06/30/2024	Reques Propo		<b>Amount</b> \$16,000.00	\$105,000.00
Agency #	Agency Na	me	Division	A	gency Conta	ct Name		cy Contact one No.	Agency Contact E-mail Address
0500	Departmen Education				Judi Fre	ee			ıdi.Free@ade.arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Description	Cost
00001	Personnel	PRO S	SERVICE,EDUCA	TION		91,60	00	Lump Sum	\$1.00

Date Submitted 09/14/2023	Vendor Na		Contract No. 4600053548	Amend No.	<b>Period</b> 09/18/2023	Method Procure	ment	Annu Contra Amou	act nt	Total Projected Amount \$29,970.00	
					09/17/2024		_	\$29,97	0.00		
Agency #	Agency N	ame	Division		Agency Conta	act Name	_	cy Contact one No.		Agency Contact E-mail Address	
0516	Educational To Division			682-4110	bshe	erron@myarkansaspbs.org					
Item #	Category	Short	Description			Qua	ntity	UM Descri	otion	Cost	
00001	Services	TECH	SERVICE, VIDEO	PRODU	ICTION	299	970	each		\$1.00	
Date Submitted	Vendor Na	me	Contract No.	Amend No.	Contract Period	Method Procure		Annu Contra		Total Projected Amount	
09/14/2023	BENJAMIN EFF	INGER	4600053549	00	09/18/2023 09/17/2024	Invitation	for Bid	<b>Amou</b> \$36,00		\$36,000.00	
Agency #	Agency N	ame	Division	,	Agency Conta	act Name		cy Contact		Agency Contact	
0516	Educational To	elevision		-	BOBBY SHE			one No. 682-4110	bshe	E-mail Address erron@myarkansaspbs.org	
Item #	Category	Short	Description			Qua	ntity	UM Descri	otion	Cost	
00001	Services		SERVICE, VIDEO	PRODU	ICTION	360	-	each		\$1.00	
Date Submitted 09/12/2023	Vendor Na S&D RAIN ENTERPRISE	ΕY	<b>Contract No.</b> 4600053499	Amend No. 00	Contract Period 10/01/2023 09/30/2024	Method Procure Competiti	ment	Annu Contra Amou \$7,988	act nt	Total Projected Amount \$31,952.00	
Agency #	Agency N	ame	Division		Agency Conta	act Name		cy Contact one No.		Agency Contact E-mail Address	
0634	Department of & Administra Revenue - O	ation -			Pia C McD	onald		324-9068	pia.m	cdonald@dfa.arkansas.gov	
Item #	Category	Sho	t Description			Qua	ntity	UM Descri	otion	Cost	
00004	Services	TECH	SERVICE, JANITO	ORIAL		000	002	Months	8	\$165.00	
00003	Services	TECH	SERVICE, JANITO	ORIAL		000	)12	Months	3	\$212.16	
00002	Services	TECH	SERVICE, JANITO	ORIAL		000	002	Months	6	\$85.00	
00001	Services	TECH	SERVICE,JANIT	ORIAL		000	)12	Months	3	\$411.84	
Date Submitted	Vendor Na		Contract No.	Amend No.	Contract Period	Method Procure		Annu Contra		Total Projected Amount	
09/12/2023	OJS SERVICE INC	TWO	4600053529	00	10/01/2023 09/30/2024	Competiti	ve Bid	<b>Amo</b> u \$15,67		\$62,712.00	
Agency #	Agency N	ame	Division		Agency Conta	act Name		cy Contact one No.		Agency Contact E-mail Address	
0634	Department of & Administra Revenue - O	ation -			Pia C McD	onald		324-9068	pia.m	cdonald@dfa.arkansas.gov	
Item #	Category	\$hort	Description			Qua	ntity	UM Descri	otion	Cost	
00004	Services	TECH	SERVICE, JANITO	ORIAL		000	002	Months	5	\$229.50	
00003	Services	TECH	SERVICE, JANITO	ORIAL		000	002	Months	6	\$445.50	
00002	Services	TECH	SERVICE, JANITO	ORIAL		000	)12	Months	6	\$405.96	
00001	Services	TECH	SERVICE, JANITO	ORIAL		000	)12	Months	6	\$788.04	

Date Submitted 09/22/2023	Vendor Name OJS SERVICE TV INC	<b>Contract No.</b> VO 4600053557	Amend No. 00	Contract Period 10/01/2023 09/30/2024	Method Procure Competiti	ment ve Bid	Annua Contra Amou \$16,616	Amount \$66,464.80 \$.20
Agency #	Agency Name	e Division		Agency Conta	ct Name		cy Contact one No.	Agency Contact E-mail Address
0634	Department of Fin & Administration Revenue - Office	n -		Pia C McD	onald			pia.mcdonald@dfa.arkansas.gov
Item #	Category	hort Description			Qua	ntity	UM Descrip	otion Cost
00001	Services 7	ΓECH SERVICE,JANIT	ORIAL		000	)12	Months	\$776.39
00002	Services 7	ΓECH SERVICE,JANIT	ORIAL		000	)12	Months	\$399.96
00003	Services 7	ΓECH SERVICE,JANIT	ORIAL		000	002	Months	\$825.00
00004	Services 7	FECH SERVICE,JANIT	ORIAL		000	002	Months	\$425.00
Date Submitted 09/27/2023	Vendor Name RHONDA BEAVE	<b>Contract No.</b> RS 4600053560	Amend No.	Contract Period 10/01/2023	Method Procure Competiti	ment	Annua Contra Amou	nct Amount
				09/30/2024	•		\$9,400	· · · · · · · · · · · · · · · · · · ·
Agency #	Agency Name	e Division		Agency Conta	act Name		cy Contact one No.	Agency Contact E-mail Address
0634	Department of Fin & Administration Revenue - Office	n -		Pia C McD	onald	501-	324-9068	pia.mcdonald@dfa.arkansas.gov
Item #	Category §	hort Description			Qua	ntity	UM Descrip	otion Cost
00001	Services	ΓΕCH SERVICE,JANIT	ORIAL		000	)12	Months	\$429.00
00002	Services 7	ΓΕCH SERVICE,JANIT	ORIAL		000	)12	Months	\$221.00
00003	Services 7	ΓΕCH SERVICE,JANIT	ORIAL		000	002	Months	\$528.00
00004	Services 1	TECH SERVICE,JANIT	ORIAL		000	002	Months	\$272.00
Date Submitted 09/29/2023	Vendor Name OJS SERVICE TV	<b>Contract No.</b> VO 4600053572	Amend No.	Contract Period 10/01/2023 09/30/2024	Method Procure Competitiv	ment	Annua Contra Amoui \$15,641	Amount nt \$62,566.24
A manay #		Division			N	Agend	cy Contact	Agency Contact
Agency #	Agency Name		1	Agency Conta		Pho	one No.	E-mail Address
0634	Department of Fin & Administration Revenue - Office	n -		Pia C McD	onald	501-	324-9068	pia.mcdonald@dfa.arkansas.gov
Item #	Category §	hort Description			Qua	ntity	UM Descrip	otion Cost
00001	Services 7	ΓΕCH SERVICE,JANIT	ORIAL		000	)12	Months	\$722.79
00002	Services 7	ΓΕCH SERVICE,JANIT	ORIAL		000	)12	Months	\$372.34
00003	Services 7	ΓΕCH SERVICE,JANIT	ORIAL		000	002	Months	\$825.00
00004	Services 7	TECH SERVICE,JANIT	ORIAL		000	002	Months	\$425.00

Date Submitted 10/02/2023	Vendor Na OJS SERVICE INC		<b>Contract No.</b> 4600053630	Amend No. 00	Contract Period 10/01/2023 09/30/2024	Method Procure Competiti	ment	Annua Contra Amou \$14,886	nct nt	Total Projected Amount \$59,544.16
Agency #	Agency N	ame	Division		Agency Conta	act Name		cy Contact		Agency Contact
0634	Department of & Administra Revenue - O	Finance ation -			Pia C McD			<b>one No.</b> 324-9068	pia.m	E-mail Address cdonald@dfa.arkansas.gov
Item #	Category		Description			Qua	ntity	UM Descrip	otion	Cost
00001	Services		SERVICE, JANITO	ORIAL			012	Months		\$722.48
00002	Services	TECH	SERVICE, JANITO	ORIAL		000	012	Months	;	\$372.19
00003	Services	TECH	SERVICE, JANITO	ORIAL		000	002	Months	;	\$577.50
00004	Services	TECH	SERVICE, JANITO	ORIAL		000	002	Months	<b>;</b>	\$297.50
Date Submitted	Vendor Na	me	Contract No.	Amend No.	Contract Period	Method Procure		Annu Contra		Total Projected Amount
10/02/2023	AQUAMEN CLE LLC	EANING	4600053641	00	10/01/2023 09/30/2024	Competiti	ve Bid	<b>Amou</b> \$14,340		\$57,360.00
Agency #	Agency N	ame	Division		Agency Conta	act Name		cy Contact one No.		Agency Contact E-mail Address
0634	Department of & Administra Revenue - O	ation -			Pia C McD	onald		324-9068	pia.m	cdonald@dfa.arkansas.gov
Item #	Category	\$hort	Description			Qua	ntity	UM Descrip	otion	Cost
00001	Services	TECH	SERVICE, JANITO	ORIAL		000	012	Months	;	\$739.20
00002	Services	TECH	SERVICE, JANITO	ORIAL		000	012	Months	;	\$380.80
00003	Services	TECH	SERVICE, JANITO	ORIAL		000	002	Months	;	\$297.00
00004	Services	TECH	SERVICE, JANIT	ORIAL		000	002	Months	<b>;</b>	\$153.00
Date Submitted 09/22/2023	Vendor Na CENTER F DISEASE DETE	OR	<b>Contract No.</b> 4600051649	Amend No. 01	Contract Period 10/23/2022 To 10/22/2024	Method Procure Invitation	ment	Annu Contra Amou \$49,289	nct nt	Total Projected Amount \$345,735.38
Agency #	LLC <b>Agency N</b>	ame	Division		Agency Conta	ct Name		cy Contact		Agency Contact
0645	Arkansas Dep of Healt	artment			MAURICE R			<b>one No.</b> 280-4586	mau	E-mail Address uricerogers@arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descrip	otion	Cost
00001	Service		SERVICE,CYTO	LOGY			287.98	Each		\$1.00
Date Submitted 09/29/2023	Vendor Na WESTAT II		Contract No. 4600043681	Amend No. 05	Contract Period 01/01/2019 To 12/31/2024	Method Procure Invitation	ment	Annu Contra Amou \$47,464.	nct nt	Total Projected Amount \$333,523.40
Agency #	Agency N	ame	Division		Agency Conta	act Name		cy Contact		Agency Contact
0645	Arkansas Dep of Healt	artment			MAURICE R			one No. 280-4586	mau	E-mail Address rice.rogers@arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descrip	otion	Cost
00001	Service	TECH	SERVICE,NON-I	Γ TECHN	IICAL SUPPO	RT 47,6	46.20	Each		\$1.00

Date Submitted 09/28/2023	Vendor Na HEALTH TECHNOLOGII	l	Contract No. 4600053556	Amend No. 01	Contract Period 09/14/2023 To 12/31/2023	Method Procurer Competitive	nent	Annual Contract Amount \$31,200.00	Total Projected Amount \$218,400.00
Agency #	Agency Na	ame	Division		Agency Conta	ct Name		cy Contact	Agency Contact
0710	Arkansas Dep of Human Se	artment	Division of Developmen		DHS. OPDEVELOF READYTO	PMENT.		one No. 683-1557 cherr	E-mail Address y.wright@dhs.arkansas.gov
Item #	Category	Short	Description			Quai	ntity	<b>UM Description</b>	Cost
00001	Services	TECH	SERVICE,FOOD	SERVIC	E/DIETITIAN	207	36	each	\$1.00
Date Submitted	Vendor Na	me	Contract No.	Amend No.	Contract Period	Method Procure		Annual Contract	Total Projected Amount
09/25/2023	JOHN RAND BURKS	ALL	4600051867	01	11/01/2022 10/31/2024	Competitiv	e Bid	<b>Amount</b> \$45,000.00	\$315,000.00
Agency #	Agency Na	ame	Division		Agency Conta	ct Name		cy Contact one No.	Agency Contact E-mail Address
0710	Arkansas Dep of Human Se		Division of Yo Services	uth	TKEYAH CO	KELEY			EYAH.COKELEY@DHS. ARKANSAS.GOV
Item #	Category	Short	Description			Quai	ntity	UM Description	Cost
00001	Services		SERVICE,WATE	R TREA	TMENT	450	-	each	\$1.00
Date Submitted 09/28/2023	<b>Vendor Na</b> THE HOWARD		Contract No. 4600050102	Amend No.	Contract Period 02/22/2022	Method Procurer Competition	nent	Annual Contract Amount	Total Projected Amount \$280,000.00
			.000000.02		01/31/2025			\$40,000.00	
Agency #	Agency Na	ame	Division		Agency Conta	ct Name	_	cy Contact one No.	Agency Contact E-mail Address
0710	Arkansas Dep of Human Se		Division of Child Family Service		TKEYAH CO	KELEY			ah.cokeley@dhs.arkansas. gov
Item #	Category	Short	Description			Quai	ntity	UM Description	Cost
00001	Services	TECH	SERVICE,LAB T	ESTING		400	000	each	\$1.00
Date Submitted	Vendor Na		Contract No.	Amend No.	Contract Period	Method Procure		Annual Contract	Total Projected Amount
10/04/2023	RENTOKIL NO AMERICA I		4600048057	05	01/01/2021 12/31/2024	Competitiv	e Bid	<b>Amount</b> \$10,800.00	\$73,500.00
Agency #	Agency Na	ame	Division	1	Agency Conta	ct Name		cy Contact one No.	Agency Contact E-mail Address
0710	Arkansas Dep of Human Se		Division of Ag Adults & Behav	_	RICHARD WI	LLIAMS		320-6146	DHS.OPDevelopment. dytoFile@dhs.arkansas.gov
Item #	Category	Short	Description			Quai	ntity	UM Description	Cost
00001	Services		SERVICE,PEST	CONTRO	OL	108	-	Months	\$1.00
		. =			- •				<b>4.100</b>

Date	Vendor Na	me	Contract No.	Amend	Contract	Metho		Ann		Total Projected Amount
<b>Submitted</b> 09/08/2023	POLLUTIO MANAGEMEN		4600046326	<b>No.</b> 03	Period 10/01/2020 To 06/30/2025	<b>Procure</b> ABA Cri		Cont Amo \$34,71	unt	\$250,000.00
Agency #	Agency N	ame	Division	_	Agency Cont	act Name		cy Contact		Agency Contact
0900	Department of		Division	,	CHRIS M			one No. -682-6936	christo	E-mail Address opher.myers@arkansas.gov
	and Touri				OT IT TO IVI	LIKO	001	002 0000	Omiote	spriorry oro @ arkanoao.gov
Item #	Category	Short	Description			Qua	ntity	UM Desci	iption	Cost
00001	Personnel	PRO S	SERVICE,COMPE	NSATIO	N FEE	780	000	each	1	\$1.00
00002	Personnel	PRO S	SERVICE,REIMBL	JRSABLE	EXPENSES	250	000	each	า	\$1.00
Date Submitted 09/08/2023	Vendor Na		Contract No.	Amend No.	Contract Period 07/01/2019	Method Procure ABA Cri	ment	Ann Cont Amo	ract	Total Projected Amount \$250,000.00
09/00/2023	ASSOCIATES		4600044653	07	06/30/2025	ADA OII		\$27,77		
Agency #	Agency Na	ame	Division	A	Agency Conta	act Name		cy Contact one No.		Agency Contact E-mail Address
0900	Department of and Touri				CHRIS MY	YERS		-682-6936	christo	opher.myers@arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Desci	iption	Cost
00001		PRO	SERVICE,COMPE	ENSATIO	N FEE	144,4	38.35			
Date Submitted	Vendor Na	me	Contract No.	Amend No.	Contract Period	Method Procure		Ann Cont		Total Projected Amount
09/28/2023	ARKANSA DEPARTMEN	IT OF	4600053623	00	10/23/2023 09/30/2027	Intergoverr	nmental	<b>Amo</b> \$46,00	unt	\$322,000.00
Agency #	HEALTH <b>Agency N</b> a		Division	A	Agency Conta	act Name		cy Contact one No.		Agency Contact E-mail Address
0930	Departme Environmental				Melissa G	riffith		-682-0901	proc	urement@adeq.state.ar.us
Item #	Category	Short	Description			Qua	ntity	UM Desci	iption	Cost
00001	Services		SERVICE,AGREI RNMENT	EMENT,I	NTER	460	000	Lump S	Sum	\$1.00
00002	Services		SERVICE,AGREI RNMENT	EMENT,I	NTER	460	000	Lump S	Sum	\$1.00
00003	Services		SERVICE,AGREI RNMENT	EMENT,I	NTER	460	000	Lump S	Sum	\$1.00
00004	Services		SERVICE,AGREI ERNMENT	EMENT,I	NTER	460	000	Lump S	Sum	\$1.00
Date Submitted	Vendor Na	me	Contract No.	Amend No.	Contract Period	Method Procure		Ann Cont		Total Projected Amount
09/19/2023	FORENSI ASSURANCE	-	4600050042	02	11/05/2021 11/04/2022	Competiti		<b>Amo</b> \$10,78	unt	\$57,925.00
Agency #	Agency Na	ame	Division	A	Agency Conta	actName		cy Contact one No.		Agency Contact E-mail Address
0955	Crime Labo				WANDA W			618-8728	wanda	a.worley@asp.arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Desci	iption	Cost