

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/20/2024	EXECUTIVE SERVICES INC	RA1244214	00	04/01/2024 To 03/31/2026	Request for Proposal	\$26,071.20	\$130,356.00
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	Services	Housekeeping services for UA System Office			00001	Activity unit	\$52,142.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/07/2024	SPELMAN JOHNSON	RA1244212	00	02/07/2024 To 08/01/2024	Competitive Bid	\$45,000.00	\$45,000.00
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	Search professionals			00001	Years	\$36,500.00
00001	Expenses	Site visit travel; advertising			00001	Years	\$8,500.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/13/2024	DARK ENTERPRISES, INC.	RA24145475	00	01/05/2024 To 01/04/2026	Sole Source by Justification	\$25,000.00	\$50,000.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0145	University of Arkansas at Little Rock		SHERI O'BRIEN		501-916-5623	siobrien@ualr.edu	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Personnel	Contractor will provide curriculum design and teaching services for students enrolled in the National Cyber Teaching Academy grant funded program.			00001	Years	\$25,000.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/13/2024	GRANT DANIEL CONSULTING	RA2416511	01	To	Request for Proposal	\$48,000.00	\$48,000.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0165	University of Central Arkansas		MEGHAN COWAN		5014505013	meghanp@uca.edu	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Services	Full Stack Java/SQL Development			00010	Months	\$48,000.00

PCS/TGS - Executed Contracts

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/08/2024	LANDMARK PLC	RA2416505	01	8/23/2023 To 6/30/2028	Request for Proposal	\$25,000.00	\$175,000.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0165	University of Central Arkansas		MEGHAN COWAN		5014505013	meghanp@uca.edu	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Personnel	Arbitrage Rebate Calculation Services			00004	Years	\$10,000.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/15/2024	UAMS	RA2416503	01	7/1/2023 To 6/30/2025	Intergovernmental	\$38,001.02	\$266,007.14
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0165	University of Central Arkansas		MEGHAN COWAN		5014505013	meghanp@uca.edu	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Personnel	UCA Physical Therapy PhD Program			00001	Years	\$38,001.02

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/20/2024	UNIVERSITY OF ARKANSAS AT FAYETTEVILLE	4600053977	00	01/01/2024 To 06/30/2024	Intergovernmental	\$45,900.00	\$45,900.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0375	Teacher Retirement System		JAMES COOKRO		501-682-1517	jamesc@artrs.gov	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Services	TECH SERVICE,EDUCATIONAL TRAINING			45900	Lump Sum	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/22/2024	CAROL HAYES	4600050825	03	06/01/2022 To 06/30/2025	Request for Qualifications	\$12,500.00	\$42,500.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0425	Insurance Department		MARY DAVIS		501-682-7678	mary.davis@arkansas.gov	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,COMPENSATION FEE			15000	Lump Sum	\$1.00

PCS/TGS - Executed Contracts

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/26/2024	JANET L WHITTEN	4600049858	04	11/01/2021 To 06/30/2025	Request for Qualifications	\$15,000.00	\$70,000.00

Agency #	Agency Name	Division	Agency Contact Name	Agency Contact Phone No.	Agency Contact E-mail Address
0425	Insurance Department		MARY DAVIS	501-682-7678	Mary.davis@arkansas.gov

Item #	Category	Short Description	Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,COMPENSATION FEE	10000	Lump Sum	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/22/2024	EAST ARKANSAS AREA AGENCY ON AGING	4600047526	05	10/01/2020 To 06/30/2025	Request for Qualifications	\$1,000.00	\$73,500.00

Agency #	Agency Name	Division	Agency Contact Name	Agency Contact Phone No.	Agency Contact E-mail Address
0425	Insurance Department		MARY DAVIS	501-682-7678	mary.davis@arkansas.gov

Item #	Category	Short Description	Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,COMPENSATION FEE	10500	Lump Sum	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/22/2024	CENTRAL ARKANSAS AREA AGENCY ON AGING	4600047525	06	10/01/2020 To 06/30/2025	Request for Qualifications	\$22,000.00	\$210,000.00

Agency #	Agency Name	Division	Agency Contact Name	Agency Contact Phone No.	Agency Contact E-mail Address
0425	Insurance Department		MARY DAVIS	501-682-7678	MARY.DAVIS@ARKANSAS.GOV

Item #	Category	Short Description	Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,COMPENSATION FEE	30000	Lump Sum	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/26/2024	AREA AGENCY ON AGING OF WESTERN AR	4600047524	03	10/01/2020 To 06/30/2025	Request for Qualifications	\$5,000.00	\$73,500.00

Agency #	Agency Name	Division	Agency Contact Name	Agency Contact Phone No.	Agency Contact E-mail Address
0425	Insurance Department		MARY DAVIS	501-682-7678	mary.davis@arkansas.gov

Item #	Category	Short Description	Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,COMPENSATION FEE	10500	Lump Sum	\$1.00

PCS/TGS - Executed Contracts

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/26/2024	AREA AGENCY ON AGING OF WEST CENTRA	4600047523	07	10/01/2020 To 06/30/2025	Request for Qualifications	\$20,000.00	\$210,000.00

Agency #	Agency Name	Division	Agency Contact Name	Agency Contact Phone No.	Agency Contact E-mail Address
0425	Insurance Department		MARY DAVIS	501-682-7678	mary.davis@arkansas.gov

Item #	Category	Short Description	Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,COMPENSATION FEE	10000	Lump Sum	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/22/2024	AREA AGENCY ON AGING OF SOUTHWEST	4600047522	03	10/01/2020 To 06/30/2025	Request for Proposal	\$15,000.00	\$70,000.00

Agency #	Agency Name	Division	Agency Contact Name	Agency Contact Phone No.	Agency Contact E-mail Address
0425	Insurance Department		MARY DAVIS	501-682-7678	mary.davis@arkansas.gov

Item #	Category	Short Description	Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,COMPENSATION FEE	10000	Lump Sum	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/26/2024	AREA AGENCY ON AGING OF SE ARKANSAS	4600047521	05	10/01/2020 To 06/30/2025	Request for Qualifications	\$10,000.00	\$170,000.00

Agency #	Agency Name	Division	Agency Contact Name	Agency Contact Phone No.	Agency Contact E-mail Address
0425	Insurance Department		MARY DAVIS	501-682-7678	Mary.davis@arkansas.gov

Item #	Category	Short Description	Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,COMPENSATION FEE	05884	Lump Sum	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/22/2024	AREA AGENCY ON AGING OF NORTHWEST	4600047520	04	10/01/2020 To 06/30/2025	Request for Qualifications	\$1,000.00	\$160,000.00

Agency #	Agency Name	Division	Agency Contact Name	Agency Contact Phone No.	Agency Contact E-mail Address
0425	Insurance Department		MARY DAVIS	501-682-7678	mary.davis@arkansas.gov

Item #	Category	Short Description	Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,COMPENSATION FEE	10000	Lump Sum	\$1.00

PCS/TGS - Executed Contracts

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/26/2024	INDEPENDENCE COUNTY	4600046016	02	07/01/2020 To 06/30/2025	Request for Qualifications	\$1,000.00	\$45,000.00

Agency #	Agency Name	Division	Agency Contact Name	Agency Contact Phone No.	Agency Contact E-mail Address
0425	Insurance Department		MARY DAVIS	501-682-7678	mary.davis@arkansas.gov

Item #	Category	Short Description	Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,COMPENSATION FEE	10429	Lump Sum	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/22/2024	SOUTH ARKANSAS REGIONAL HEALTH CENTER	4600046015	02	07/01/2020 To 06/30/2025	Request for Qualifications	\$1,000.00	\$70,000.00

Agency #	Agency Name	Division	Agency Contact Name	Agency Contact Phone No.	Agency Contact E-mail Address
0425	Insurance Department		MARY DAVIS	501-682-7678	Mary.Davis@arkansas.gov

Item #	Category	Short Description	Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,COMPENSATION FEE	10000	Lump Sum	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/22/2024	WATERSHED HUMAN AND COMMUNITY	4600045832	03	01/01/2020 To 06/30/2025	Request for Qualifications	\$7,500.00	\$140,000.00

Agency #	Agency Name	Division	Agency Contact Name	Agency Contact Phone No.	Agency Contact E-mail Address
0425	Insurance Department		MARY DAVIS	501-682-7678	mary.davis@arkansas.gov

Item #	Category	Short Description	Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,COMPENSATION FEE	20000	Lump Sum	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/22/2024	WATERSHED HUMAN AND COMMUNITY	4600045833	04	01/01/2020 To 06/30/2025	Request for Qualifications	\$7,500.00	\$280,000.00

Agency #	Agency Name	Division	Agency Contact Name	Agency Contact Phone No.	Agency Contact E-mail Address
0425	Insurance Department		MARY DAVIS	501-682-7678	mary.davis@arkansas.gov

Item #	Category	Short Description	Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,COMPENSATION FEE	40000	Lump Sum	\$1.00

PCS/TGS - Executed Contracts

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/22/2024	HOUSEABOUTIT INC	4600045834	03	01/01/2020 To 06/30/2025	Request for Qualifications	\$5,000.00	\$245,000.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0425	Insurance Department		MARY DAVIS		501-682-7678	mary.davis@ARKANSAS.GOV	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,COMPENSATION FEE			35000	Lump Sum	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/22/2024	HOUSEABOUTIT INC	4600045835	05	01/01/2020 To 06/30/2025	Request for Qualifications	\$10,000.00	\$175,000.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0425	Insurance Department		MARY DAVIS		501-682-7678	mary.davis@arkansas.gov	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,COMPENSATION FEE			25000	Lump Sum	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/26/2024	AREA AGENCY ON AGING OF WEST CENTRA	4600045841	06	01/01/2020 To 06/30/2025	Request for Qualifications	\$15,000.00	\$280,000.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0425	Insurance Department		MARY DAVIS		501-682-7678	mary.davis@arkansas.gov	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,COMPENSATION FEE			40000	Lump Sum	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/22/2024	HOUSEABOUTIT COMMUNITY AND ECONOMIC	4600045842	02	01/01/2020 To 06/30/2025	Request for Qualifications	\$5,000.00	\$245,000.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0425	Insurance Department		MARY DAVIS		501-682-7678	mary.davis@arkansas.gov	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,COMPENSATION FEE			35000	Lump Sum	\$1.00

PCS/TGS - Executed Contracts

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/22/2024	HOUSEABOUTIT COMMUNITY AND ECONOMIC	4600045843	03	01/01/2020 To 06/30/2025	Request for Qualifications	\$5,000.00	\$245,000.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0425	Insurance Department		MARY DAVIS		501-682-7678	mary.davis@arkansas.gov	

Item #	Category	Short Description	Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,COMPENSATION FEE	35000	Lump Sum	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/22/2024	HOUSEABOUTIT COMMUNITY AND ECONOMIC	4600045857	03	01/01/2020 To 06/30/2025	Request for Qualifications	\$4,000.00	\$245,000.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0425	Insurance Department		MARY DAVIS		501-682-7678	mary.davis@ARKANSAS.GOV	

Item #	Category	Short Description	Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,COMPENSATION FEE	35000	Lump Sum	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/22/2024	HOUSEABOUTIT COMMUNITY AND ECONOMIC	4600045858	04	01/01/2020 To 06/30/2025	Request for Qualifications	\$15,000.00	\$245,000.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0425	Insurance Department		MARY DAVIS		601-682-7678	mary.davis@ARKANSAS.GOV	

Item #	Category	Short Description	Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,COMPENSATION FEE	35000	Lump Sum	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/22/2024	AREA AGENCY ON AGING OF NORTHWEST	4600045995	04	07/01/2020 To 06/30/2025	Request for Qualifications	\$25,000.00	\$300,000.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0425	Insurance Department		MARY DAVIS		501-682-7678	Mary.Davis@ARKANSAS.GOV	

Item #	Category	Short Description	Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,COMPENSATION FEE	42857	Lump Sum	\$1.00

PCS/TGS - Executed Contracts

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/26/2024	AREA AGENCY ON AGING OF SE ARKANSAS	4600045996	08	07/01/2020 To 06/30/2025	Request for Qualifications	\$32,000.00	\$207,000.00

Agency #	Agency Name	Division	Agency Contact Name	Agency Contact Phone No.	Agency Contact E-mail Address
0425	Insurance Department		MARY DAVIS	501-682-7678	mary.davis@arkansas.gov

Item #	Category	Short Description	Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,COMPENSATION FEE	06429	Lump Sum	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/22/2024	AREA AGENCY ON AGING OF SOUTHWEST AR	4600045997	07	07/01/2020 To 06/30/2025	Request for Qualifications	\$7,500.00	\$180,000.00

Agency #	Agency Name	Division	Agency Contact Name	Agency Contact Phone No.	Agency Contact E-mail Address
0425	Insurance Department		MARY DAVIS	501-682-7678	Mary.davis@arkansas.gov

Item #	Category	Short Description	Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,COMPENSATION FEE	25714	Lump Sum	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/22/2024	AREA AGENCY ON AGING OF WESTERN AR	4600045998	04	07/01/2020 To 06/30/2025	Request for Qualifications	\$5,000.00	\$275,000.00

Agency #	Agency Name	Division	Agency Contact Name	Agency Contact Phone No.	Agency Contact E-mail Address
0425	Insurance Department		MARY DAVIS	501-682-7678	mary.davis@arkansas.gov

Item #	Category	Short Description	Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,COMPENSATION FEE	39286	Lump Sum	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/22/2024	EAST ARKANSAS AREA AGENCY ON AGING	4600046000	03	07/01/2020 To 06/30/2025	Request for Qualifications	\$7,500.00	\$200,000.00

Agency #	Agency Name	Division	Agency Contact Name	Agency Contact Phone No.	Agency Contact E-mail Address
0425	Insurance Department		MARY DAVIS	501-682-7678	mary.davis@arkansas.gov

Item #	Category	Short Description	Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,COMPENSATION FEE	28571	Lump Sum	\$1.00

PCS/TGS - Executed Contracts

Date Submitted 02/22/2024	Vendor Name SOUTH ARKANSAS REGIONAL HEALTH CENTER	Contract No. 4600046001	Amend No. 06	Contract Period 07/01/2020 To 06/30/2025	Method of Procurement Request for Qualifications	Annual Contract Amount \$3,000.00	Total Projected Amount \$49,000.00
-------------------------------------	---	-----------------------------------	------------------------	--	--	---	--

Agency # 0425	Agency Name Insurance Department	Division	Agency Contact Name MARY DAVIS		Agency Contact Phone No. 501-682-7678	Agency Contact E-mail Address mary.davis@arkansas.gov	
-------------------------	--	-----------------	--	--	---	---	--

Item # 00001	Category Personnel	Short Description PRO SERVICE,COMPENSATION FEE			Quantity 07000	UM Description Lump Sum	Cost \$1.00
------------------------	------------------------------	--	--	--	--------------------------	-----------------------------------	-----------------------

Date Submitted 02/26/2024	Vendor Name INDEPENDENCE COUNTY	Contract No. 4600046003	Amend No. 02	Contract Period 07/01/2020 To 06/30/2025	Method of Procurement Request for Qualifications	Annual Contract Amount \$3,000.00	Total Projected Amount \$40,000.00
-------------------------------------	---	-----------------------------------	------------------------	--	--	---	--

Agency # 0425	Agency Name Insurance Department	Division	Agency Contact Name MARY DAVIS		Agency Contact Phone No. 501-682-7678	Agency Contact E-mail Address mary.davis@arkansas.gov	
-------------------------	--	-----------------	--	--	---	---	--

Item # 00001	Category Personnel	Short Description PRO SERVICE,COMPENSATION FEE			Quantity 10714	UM Description Lump Sum	Cost \$1.00
------------------------	------------------------------	--	--	--	--------------------------	-----------------------------------	-----------------------

Date Submitted 02/26/2024	Vendor Name EXETER ASSOCIATES INC	Contract No. 4600048488	Amend No. 03	Contract Period 07/01/2021 To 06/30/2025	Method of Procurement Request for Proposal	Annual Contract Amount \$20,000.00	Total Projected Amount \$140,000.00
-------------------------------------	---	-----------------------------------	------------------------	--	--	--	---

Agency # 0450	Agency Name Public Service Commission	Division	Agency Contact Name Clark W Manasco		Agency Contact Phone No. 501-682-5776	Agency Contact E-mail Address CMANASCO@PSC.STATE.AR.US	
-------------------------	---	-----------------	---	--	---	--	--

Item # 00001	Category Personnel	Short Description PRO SERVICE,COMPENSATION FEE			Quantity 19000	UM Description each	Cost \$1.00
Item # 00002	Category Personnel	Short Description PRO SERVICE,REIMBURSABLE EXPENSES			Quantity 01000	UM Description each	Cost \$1.00

Date Submitted 02/14/2024	Vendor Name NATHAN WILLIS	Contract No. 4600054128	Amend No. 00	Contract Period 03/18/2024 To 12/31/2024	Method of Procurement Special Procurement	Annual Contract Amount \$35,850.00	Total Projected Amount \$35,850.00
-------------------------------------	-------------------------------------	-----------------------------------	------------------------	--	---	--	--

Agency # 0516	Agency Name Educational Television Division	Division	Agency Contact Name BOBBY SHERRON		Agency Contact Phone No. 501-682-4110	Agency Contact E-mail Address bsherron@myarkansaspbs.org	
-------------------------	---	-----------------	---	--	---	--	--

Item # 00001	Category Services	Short Description TECH SERVICE,VIDEO PRODUCTION			Quantity 00001	UM Description each	Cost \$35,850.00
------------------------	-----------------------------	---	--	--	--------------------------	-------------------------------	----------------------------

PCS/TGS - Executed Contracts

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/21/2024	SHI INTERNATIONAL CORP	4502200127	00	02/01/2024 To 01/31/2025	Cooperative Contract	\$63,338.65	\$63,338.65

Agency #	Agency Name	Division	Agency Contact Name	Agency Contact Phone No.	Agency Contact E-mail Address
0610	Department of Finance and Administration		Kim Hamaker	501-324-9067	kim.hamaker@dfa.arkansas.gov

Item #	Category	Short Description	Quantity	UM Description	Cost
00001	Services	TECH SERVICE,IT,IMPLEMENTATION	00018	Lump Sum	\$214.00
00002	Services	TECH SERVICE,IT,IMPLEMENTATION	00024	Lump Sum	\$214.00
00003	Services	TECH SERVICE,DELV-BASED,TRAINING	00070	Lump Sum	\$214.00
00004	Services	TECH SERVICE,DELV-BASED,TRAINING	00022	Lump Sum	\$214.00
00001	Commodities	SOFTWARE LICENSE,SUBSCRIPTION	00040	Lump Sum	\$850.65
00002	Commodities	SOFTWARE LICENSE,SUBSCRIPTION	00001	Lump Sum	\$636.65

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/16/2024	OJS SERVICE TWO INC	4600052404	01	03/09/2023 To 03/08/2025	Competitive Bid	\$7,850.00	\$31,400.00

Agency #	Agency Name	Division	Agency Contact Name	Agency Contact Phone No.	Agency Contact E-mail Address
0630	Department of Finance & Administration - Revenue Services		RAHIMI WEBB	501-324-9071	Rahimi.Webb@dfa.arkansas.gov

Item #	Category	Short Description	Quantity	UM Description	Cost
00001	Services	TECH SERVICE,JANITORIAL	00012	Months	\$525.00
00002	Services	TECH SERVICE,WAXING/STRIPPING	00002	each	\$775.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/07/2024	NANCY SUE MAJEWSKI	4600054114	00	02/01/2024 To 01/31/2025	Competitive Bid	\$9,462.52	\$37,850.08

Agency #	Agency Name	Division	Agency Contact Name	Agency Contact Phone No.	Agency Contact E-mail Address
0630	Department of Finance & Administration - Revenue Services		Rahimi Webb	501-324-9071	rahimi.webb@dfa.arkansas.gov

Item #	Category	Short Description	Quantity	UM Description	Cost
00001	Services	TECH SERVICE,JANITORIAL	00012	Months	\$662.14
00002	Services	TECH SERVICE,WAXING/STRIPPING	00002	each	\$758.42

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/07/2024	OJS SERVICE TWO INC	4600054116	00	02/01/2024 To 01/31/2025	Competitive Bid	\$12,410.48	\$49,641.92

Agency #	Agency Name	Division	Agency Contact Name	Agency Contact Phone No.	Agency Contact E-mail Address
0630	Department of Finance & Administration - Revenue Services		Rahimi Webb	501-324-9071	rahimi.webb@dfa.arkansas.gov

Item #	Category	Short Description	Quantity	UM Description	Cost
00001	Services	TECH SERVICE,JANITORIAL	00012	Months	\$915.04
00002	Services	TECH SERVICE,WAXING/STRIPPING	00002	each	\$715.00

PCS/TGS - Executed Contracts

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/21/2024	THE HOWARD GROUP	4600050102	04	02/22/2022 To 01/31/2025	Competitive Bid	\$40,000.00	\$280,000.00
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	RICKEY THOMPSON		501-683-6327	tkeyah.cokeley@dhs.arkansas.gov	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Services	TECH SERVICE,LAB TESTING			40000	each	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/27/2024	JAMES H PHILLIPS PA	4600052392	01	07/01/2023 To 06/30/2024	Invitation for Bid	\$26,000.00	\$126,000.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0710	Arkansas Department of Human Services	Division of Provider Services & Quality	RICHARD WILLIAMS		501-320-6146	DHS.OPDevelopment. ReadyToFile@dhs.arkansas.gov	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,HEARING OFFICER			18000	Lump Sum	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/20/2024	VETERAN JANITORIAL SERVICE LLC	4600052905	01	07/01/2023 To 06/30/2025	Small Order	\$7,429.92	\$47,880.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0710	Arkansas Department of Human Services	Office of Procurement	CARRIE MILLER		479-289-7731	Carrie.Miller@DHS.ARKANSAS.GOV	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Services	TECH SERVICE,JANITORIAL			00012	Months	\$570.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/27/2024	LIBBY SLATTON LCSW PA	4600046331	05	07/01/2020 To 06/30/2025	Request for Proposal	\$43,857.14	\$307,000.00
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	CARRIE MILLER		479-289-7731	Carrie.Miller@DHS.ARKANSAS.GOV	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,ADOPTION SERVICES			30000	Lump Sum	\$1.00

PCS/TGS - Executed Contracts

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/20/2024	KID-SCAN LLC	4600046228	05	05/01/2020 To 04/30/2025	Invitation for Bid	\$36,071.43	\$252,500.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0710	Arkansas Department of Human Services	Office of Information Technology	CARRIE MILLER		479-289-7731	Carrie.Miller@DHS.ARKANSAS.GOV	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Services	TECH SERVICE,MAINTENANCE,COMPUTER EQUIPMT			00040	each	\$1.00
00001	Commodities	SCANNER,FINGERPRINT			00040	each	\$1.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/27/2024	JULIAN BESTER	4600054197	00	02/27/2024 To 12/15/2024	Competitive Bid	\$33,840.00	\$236,880.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0865	Department of Arkansas Heritage - Central Administration		OLI HILL		501-682-7619	Oli.Hill@arkansas.gov	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Services	TECH SERVICE,JANITORIAL			00012	Months	\$2,820.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Initial Contract Amount	Total Projected Amount
02/27/2024	JULIAN BESTER	4600054198	00	02/27/2024 To 12/15/2024	Competitive Bid	\$35,613.00	\$249,291.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0865	Department of Arkansas Heritage - Central Administration		OLI HILL		501-682-7619	Oli.Hill@arkansas.gov	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Services	TECH SERVICE,JANITORIAL			00012	Months	\$2,684.00
00002	Services	TECH SERVICE,JANITORIAL			00001	Months	\$2,500.00
00003	Services	TECH SERVICE,JANITORIAL			00001	Months	\$905.00

Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method of Procurement	Annual Contract Amount	Total Projected Amount
02/01/2024	CONWAY PSYCHOLOGICAL ASSESSMENT	4600046410	04	07/01/2020 To 06/30/2025	Small Order	\$37,625.00	\$158,250.00
Agency #	Agency Name	Division	Agency Contact Name		Agency Contact Phone No.	Agency Contact E-mail Address	
0960	Arkansas State Police		WANDA WORLEY		5016188728	wanda.worley@asp.arkansas.gov	
Item #	Category	Short Description			Quantity	UM Description	Cost
00001	Personnel	PRO SERVICE,PSYCHOLOGICAL EXAMINATION			00075	each	\$150.00
00002	Personnel	PRO SERVICE,PSYCHOLOGICAL EXAMINATION			00015	each	\$150.00