**F**2

Date Submitted 02/20/2024	Vendor Na EXECUTIVE SE INC		Contract No. RA1244214	Amend No. 00	Contract Period 04/01/2024 03/31/2026	Method Procure Reques Propo	ment at for	Annual Contract Amount \$26,071.20	Total Projected Amount \$130,356.00
Agency #	Agency N	ame	Division	A	Agency Conta	act Name		cy Contact	Agency Contact
0135	University of A at Fayette	rkansas	UA Fayettevi		ELLEN FER			one No. 575-5314	E-mail Address ellenf@uark.edu
Item #	Category	Short	Description			Qua	ntity	UM Description	Cost
00001	Services		keeping services	for UA Sy	stem Office	000	-	Activity unit	\$52,142.00
Date Submitted 02/07/2024	<b>Vendor Na</b> SPELMAN JOH		Contract No. RA1244212	Amend No.	Contract Period 02/07/2024 08/01/2024	Method Procure Competiti	ment	Annual Contract Amount \$45,000.00	Total Projected Amount \$45,000.00
<b>A</b>	<b>A N</b>		<b>5</b>				Agend	cy Contact	Agency Contact
<b>Agency #</b> 0135	Agency National Agency Nation Agency Nation Agency Nation Agency Nation Agency Nation	rkansas	<b>Division</b> UA Fayettevi		Agency Conta		Pho	one No. 575-5314	E-mail Address ellenf@uark.edu
Item #	Category	Short	Description			Qua	ntity	UM Description	Cost
00001	Personnel	Searcl	h professionals			000	001	Years	\$36,500.00
00001	Expenses	Site vi	sit travel; advertis	ing		000	001	Years	\$8,500.00
Date Submitted 02/13/2024	Vendor Na DARK ENTERP INC.		Contract No. RA24145475	Amend No.	Contract Period 01/05/2024 01/04/2026	Method Procure Sole Sou Justifica	ment rce by	Annual Contract Amount \$25,000.00	Total Projected Amount \$50,000.00
<b>A</b>	_		<b>5</b>					cy Contact	Agency Contact
<b>Agency #</b> 0145	Agency Na University of A at Little Re	rkansas	Division	,	Agency Conta SHERI O'B		Pho	one No. 916-5623	E-mail Address siobrien@ualr.edu
Item #	Category	Short	Description			Qua	ntity	UM Description	Cost
00001	Personnel	teachi	actor will provide ong services for stual Cyber Teaching.	udents en	rolled in the	000 ed	001	Years	\$25,000.00
Date Submitted	Vendor Na		Contract No.	Amend No.	Contract Period	Method Procure	ment	Annual Contract	Total Projected Amount
02/13/2024	GRANT DAN		RA2416511	01	То	Reques Propo		<b>Amount</b> \$48,000.00	\$48,000.00
02/13/2024	CONSULTI	NG				•			
Agency #	-		Division	Į.	Agency Conta	•		cy Contact	Agency Contact
	CONSULTI	ame Central	Division	ļ	Agency Conta MEGHAN C	act Name	Pho	cy Contact one No. 4505013	Agency Contact E-mail Address meghanp@uca.edu
Agency #	CONSULTI  Agency Note  University of	ame Central Is	Division Description	ļ		act Name OWAN	Pho	one No.	E-mail Address

Date Submitted 02/08/2024	Vendor Name LANDMARK PLC	Contract No. RA2416505	Amend No. 01	Contract Period 8/23/2023 To 6/30/2028	Method Procure Reques Propo	ment st for	Annual Contract Amount \$25,000.00	Total Projected Amount \$175,000.00
Agency #	Agency Name	Division	A	gency Cont		Pho	ey Contact one No.	Agency Contact E-mail Address
0165	University of Centr Arkansas	al		MEGHAN C	COWAN	5014	4505013	meghanp@uca.edu
Item #	Category Sh	ort Description			Qua	ntity	UM Description	Cost
00001	Personnel Ari	oitrage Rebate Calcul	lation Ser	vices	000	004	Years	\$10,000.00
Date Submitted 02/15/2024	Vendor Name UAMS	Contract No. RA2416503	Amend No. 01	Contract Period 7/1/2023	Method Procure Intergovern	ment	Annual Contract Amount \$38,001.02	Total Projected Amount \$266,007.14
Agency #	Agency Name	Division	Δ	6/30/2025 agency Cont	act Name		y Contact	Agency Contact
0165	University of Centr Arkansas		ŕ	MEGHAN C			one No. 4505013	E-mail Address meghanp@uca.edu
Item #	Category Sh	ort Description			Qua	ntity	UM Description	Cost
00001	Personnel UC	CA Physical Therapy I	PhD Prog	ram	000	001	Years	\$38,001.02
Date Submitted 02/20/2024	<b>Vendor Name</b> UNIVERSITY OF ARKANSAS AT	<b>Contract No.</b> 4600053977	Amend No. 00	Contract Period 01/01/2024 06/30/2024	Method Procure Intergover	ment	Annual Contract Amount \$45,900.00	Total Projected Amount \$45,900.00
Agency #	FAYETTEVILLE Agency Name	Division	Δ	gency Cont		Pho	ey Contact one No.	Agency Contact E-mail Address
0375	Teacher Retireme System	nt		JAMES CC	OKRO	501-6	682-1517	jamesc@artrs.gov
Item #	Category Sh	ort Description			Qua	ntity	UM Description	Cost
00001	Services TE	CH SERVICE,EDUC	ATIONAL	TRAINING	459	900	Lump Sum	\$1.00
Date Submitted 02/22/2024	Vendor Name CAROL HAYES	<b>Contract No.</b> 4600050825	Amend No. 03	Contract Period 06/01/2022 To 06/30/2025	Method Procure Reques Qualifica	ment st for	Annual Contract Amount \$12,500.00	Total Projected Amount \$42,500.00
<b>Agency #</b> 0425	Agency Name Insurance Departm	<b>Division</b> ent	A	Agency Cont MARY D		Pho	ey Contact one No. 682-7678 ma	Agency Contact E-mail Address ary.davis@arkansas.gov
Item #	Category Sh	ort Description			Qua	ntity	UM Description	Cost
00001		O SERVICE,COMPE	NSATIO	N FEE		000	Lump Sum	\$1.00

Date Submitted 02/26/2024	<b>Vendor Name</b> JANET L WHITTE	<b>Contract No.</b> 4600049858	Amend No. 04	Contract Period 11/01/2021 To 06/30/2025	Method Procured Request Qualification	ment t for tions	Annual Contract Amount \$15,000.00	Total Projected Amount \$70,000.00
<b>Agency #</b> 0425	Agency Name Insurance Departn		A	gency Contac MARY DA		Pho	cy Contact one No. 682-7678	Agency Contact E-mail Address Mary.davis@arkansas.gov
Item #	Category S	hort Description			Qua	ntity	UM Description	n Cost
00001	Personnel P	PRO SERVICE,COMPE	NSATION	N FEE	100	000	Lump Sum	\$1.00
Date Submitted 02/22/2024	Vendor Name EAST ARKANSAS AREA AGENCY O	1000011020	Amend No. 05	Contract Period 10/01/2020 To 06/30/2025	Method Procure Reques Qualifica	<b>ment</b> t for	Annual Contract Amount \$1,000.00	Total Projected Amount \$73,500.00
<b>Agency #</b> 0425	AGING Agency Name Insurance Departn		A	gency Contac		Pho	cy Contact one No. 682-7678	Agency Contact E-mail Address mary.davis@arkansas.gov
0.20	modranos Boparas			WINCE DA	VIO	001	002 7070	mary.davio@arranbao.gov
Item #	Category SI	hort Description			Qua	ntity	<b>UM Description</b>	n Cost
00001	Personnel P	PRO SERVICE,COMPE	NSATION	N FEE	105	500	Lump Sum	\$1.00
Date Submitted 02/22/2024	Vendor Name CENTRAL ARKANS	- 1000011020	Amend No. 06	Contract Period 10/01/2020	Method Procure Reques	<b>ment</b> t for	Annual Contract Amount	Total Projected Amount \$210,000.00
<b>Agency #</b> 0425	AREA AGENCY O AGING Agency Name Insurance Departn	Division	A	06/30/2025 gency Contac MARY DA		Agend Pho	\$22,000.00 cy Contact one No. 682-7678 MAI	Agency Contact E-mail Address RY.DAVIS@ARKANSAS.GOV
Item #	• •	hort Description			Qua	ntity	UM Description	n Cost
00001	Personnel P	PRO SERVICE,COMPE	NSATION	N FEE	300	000	Lump Sum	\$1.00
Date	Vendor Name	Contract No. 9N 4600047524	Amend No. 03	Contract Period 10/01/2020	Method Procure Reques Qualifica	<b>ment</b> t for	Annual Contract Amount	Total Projected Amount \$73,500.00
<b>Submitted</b> 02/26/2024	AREA AGENCY O			06/30/2025	Qualifica		\$5,000.00	
Submitted	AREA AGENCY O AGING OF WESTE AR Agency Name Insurance Departn	RN Division	A	gency Contac MARY DA		Pho	cy Contact one No. 682-7678	Agency Contact E-mail Address mary.davis@arkansas.gov
Submitted 02/26/2024 Agency #	AGING OF WESTE AR Agency Name Insurance Departn	RN Division	А	gency Conta	VIS	Pho	one No.	E-mail Address mary.davis@arkansas.gov

Date Submitted 02/26/2024	Vendor Na AREA AGENO AGING OF W	CY ON	Contract No. 4600047523	Amend No. 07	Contract Period 10/01/2020 06/30/2025	Method Procured Reques Qualifica	ment t for	Annual Contract Amount \$20,000,00	Total Projected Amount \$210,000.00
<b>A</b>	CENTRA	١	<b>5.</b>	_				y Contact	Agency Contact
Agency #	Agency Na		Division	Α	gency Conta		Pho	one No.	E-mail Address
0425	Insurance Dep	partment			MARY DA	VIS	501-6	682-7678	mary.davis@arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descriptio	n Cost
00001	Personnel	PRO S	SERVICE,COMPE	ENSATION	N FEE	100	000	Lump Sum	\$1.00
Date Submitted	Vendor Na	me	Contract No.	Amend No.	Contract Period	Method Procure		Annual Contract	Total Projected Amount
02/22/2024	AREA AGENO	_	4600047522	03	10/01/2020	Reques		Amount	\$70,000.00
	AGING O SOUTHWE				06/30/2025	Propos		\$15,000.00	
Agency #	Agency Na	_	Division	A	gency Conta	ct Name		cy Contact one No.	Agency Contact E-mail Address
0425	Insurance Dep	partment			MARY DA	VIS		682-7678	mary.davis@arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descriptio	n Cost
00001	Personnel	PRO S	SERVICE,COMPE	ENSATION	N FEE	100	000	Lump Sum	\$1.00
Date Submitted	Vendor Na	me	Contract No.	Amend No.	Contract Period	Method Procure		Annual Contract	Total Projected Amount
)2/26/2024	AREA AGENC	SE	4600047521	05	10/01/2020 06/30/2025	Reques Qualifica		<b>Amount</b> \$10,000.00	\$170,000.00
Agency #	ARKANSA <b>Agency N</b> a	_	Division	A	gency Conta	ct Name		cy Contact	Agency Contact
0425	Insurance Dep	partment			MARY DA			one No. 682-7678	E-mail Address Mary.davis@arkansas.gov
Item #	Category	Short	Description			Qua	ntitv	UM Descriptio	n Cost
00001	Personnel	PRO S	SERVICE,COMPE	ENSATION	N FEE	058	384	Lump Sum	\$1.00
Date	Vendor Na	me	Contract No.	Amend	Contract	Method		Annual	Total Projected
Submitted 02/22/2024	AREA AGENC AGING O		4600047520	<b>No.</b> 04	Period 10/01/2020 To 06/30/2025	Procure Reques Qualifica	t for	Contract Amount \$1,000.00	<b>Amount</b> \$160,000.00
Agency #	NORTHWE <b>Agency N</b> a	-	Division	Α	gency Conta	ct Name		cy Contact	<b>Agency Contact</b>
0425	Insurance Dep				MARY DA			one No. 682-7678	E-mail Address mary.davis@arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descriptio	n Cost
00001	Personnel		SERVICE,COMPE	ENSATION	N FEE	100	-	Lump Sum	\$1.00
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Date Submitted 02/26/2024	Vendor Na INDEPENDE COUNTY	NCE	<b>Contract No.</b> 4600046016	Amend No. 02	Contract Period 07/01/2020 To 06/30/2025	Method Procured Reques Qualifica	ment t for	Annual Contract Amount \$1,000.00	Total Projected Amount \$45,000.00
Agency #	Agency Na	ame	Division	_	Agency Conta	ct Name		cy Contact	<b>Agency Contact</b>
0425	Insurance Dep		211161611	•	MARY DA			one No. 682-7678	E-mail Address mary.davis@arkansas.gov
Item #	Category	Short I	Description			Qua	ntity	UM Descriptio	n Cost
00001	Personnel	PRO S	SERVICE,COMPE	NSATIO	N FEE	104	129	Lump Sum	\$1.00
Date Submitted	Vendor Na		Contract No.	Amend No.	Contract Period	Method Procure	ment	Annual Contract	Total Projected Amount
02/22/2024	SOUTH ARKA	EALTH	4600046015	02	07/01/2020 06/30/2025	Reques Qualifica		<b>Amount</b> \$1,000.00	\$70,000.00
Agency #	CENTER <b>Agency N</b> a	-	Division	A	Agency Conta	ct Name		cy Contact one No.	Agency Contact E-mail Address
0425	Insurance Dep	artment			MARY DA	VIS			Mary.Davis@arkansas.gov
Item #	Category	Short I	Description			Qua	ntity	UM Descriptio	n Cost
00001	Personnel	PRO S	SERVICE,COMPE	NSATIO	N FEE	100	000	Lump Sum	\$1.00
Date Submitted	Vendor Na	me	Contract No.	Amend No.	Contract Period	Method Procure		Annual Contract	Total Projected Amount
02/22/2024	WATERSHED H AND COMMU	_	4600045832	03	01/01/2020 06/30/2025	Reques Qualifica		<b>Amount</b> \$7,500.00	\$140,000.00
Agency #	Agency Na	ame	Division	ļ	Agency Conta	ct Name		cy Contact one No.	Agency Contact E-mail Address
0425	Insurance Dep	artment			MARY DA	VIS			mary.davis@arkansas.gov
Item #	Category	Short I	Description			Qua	ntity	UM Descriptio	n Cost
00001	Personnel	PRO S	SERVICE,COMPE	NSATIO	N FEE	200	000	Lump Sum	\$1.00
Date Submitted	Vendor Na	me	Contract No.	Amend No.	Contract Period	Method Procure		Annual Contract	Total Projected Amount
02/22/2024	WATERSHED H AND COMMU	. •	4600045833	04	01/01/2020 To 06/30/2025	Reques Qualifica	t for	<b>Amount</b> \$7,500.00	\$280,000.00
Agency #	Agency Na	ame	Division	A	Agency Conta	ct Name		cy Contact one No.	Agency Contact E-mail Address
0425	Insurance Dep	artment			MARY DA	VIS			mary.davis@arkansas.gov
Item #	Category	Short I	Description			Qua	ntity	UM Descriptio	n Cost
00001	Personnel		SERVICE,COMPE	NSATIO	N FFF	400	•	Lump Sum	\$1.00

Date Submitted 02/22/2024	Vendor Name HOUSEABOUTIT INC	Contract No. 4600045834	Amend No. 03	Contract Period 01/01/2020 06/30/2025	Method Procure Reques Qualifica	ment at for	Annual Contract Amount \$5,000.00	Total Projected Amount \$245,000.00
<b>Agency #</b> 0425	Agency Name Insurance Department	<b>Division</b> nt	Α	gency Contac MARY DA		Ph	cy Contact one No. 682-7678 ma	Agency Contact E-mail Address ry.davis@ARKANSAS.GOV
<b>Item #</b> 00001	<u> </u>	rt Description ) SERVICE,COMPE	ENSATION	N FEE	<b>Qua</b> 350	<b>ntity</b> 000	UM Description Lump Sum	<b>Cost</b> \$1.00
Date Submitted 02/22/2024	Vendor Name HOUSEABOUTIT INC	Contract No. 4600045835	Amend No. 05	Contract Period 01/01/2020 06/30/2025	Method Procure Reques Qualifica	ment t for	Annual Contract Amount \$10,000.00	Total Projected Amount \$175,000.00
<b>Agency #</b> 0425	Agency Name Insurance Departmen	<b>Division</b> nt	A	gency Contac MARY DA		Ph	cy Contact one No. 682-7678 n	Agency Contact E-mail Address nary.davis@arkansas.gov
Item # 00001	•	rt Description ) SERVICE,COMPE	ENSATION	N FEE	<b>Qua</b> 250	<b>ntity</b> 000	UM Description Lump Sum	<b>Cost</b> \$1.00
Date Submitted 02/26/2024	Vendor Name AREA AGENCY ON AGING OF WEST	Contract No. 4600045841	Amend No. 06	Contract Period 01/01/2020 06/30/2025	Method Procure Reques Qualifica	ment t for	Annual Contract Amount \$15,000.00	Total Projected Amount \$280,000.00
<b>Agency #</b> 0425	CENTRA Agency Name Insurance Departmen	<b>Division</b> nt	A	gency Contac MARY DA		Ph	cy Contact one No. 682-7678 n	Agency Contact E-mail Address nary.davis@arkansas.gov
Item # 00001	<u> </u>	rt Description ) SERVICE,COMPE	ENSATION	N FEE	<b>Qua</b> 400	ntity 000	UM Description Lump Sum	<b>Cost</b> \$1.00
Date Submitted 02/22/2024 Agency #	Vendor Name HOUSEABOUTIT COMMUNITY AND ECONOMIC	Contract No. 4600045842  Division	Amend No. 02	Contract Period 01/01/2020 06/30/2025	Method Procure Reques Qualifica	ment et for etions	Annual Contract Amount \$5,000.00	Total Projected Amount \$245,000.00  Agency Contact
0425	Agency Name Insurance Departmen		A	MARY DA		Ph	one No.	E-mail Address nary.davis@arkansas.gov
<b>Item #</b> 00001	<u> </u>	rt Description  SERVICE,COMPE	ENSATION	N FEE		ntity 000	UM Description Lump Sum	<b>Cost</b> \$1.00
<del>-</del> -		- ,						¥ <b>&amp;</b>

Date Submitted   Contract No.   Amend   Contract   Period   Procurement   Contract   Amount   S245,000.00										
COMMUNITY AND ECONOMIC Agency Warme   Division   Divisi	Submitted				No.	Period	Procure	ment	Contrac	t Amount
Agency # Agency Name   Division   Agency Contact Name   Agency	02/22/2024			4600045843	03					
	Agency #	ECONOMI	С	Division	Į.			Agen	cy Contact	Agency Contact
Date Submitted   Oz/22/2024   Oz.	0425	Insurance Dep	artment			MARY DA	VIS			
Date Submitted   Vendor Name	Item #	Category	Short I	Description			Qua	ntity	UM Descripti	on Cost
Submitted   Vendor Name   Contract No.   No.   Period   Procurement   Contract   Amount   \$245,000.00	00001	Personnel	PRO S	SERVICE,COMPE	NSATIO	N FEE	35	000	Lump Sum	\$1.00
No.   Period   Procurement   Contract   Amount   Squares   Contract   Amount   Squares   Contract   Amount   Squares   Squares   Contract   Amount   Squares   Squares   Contract   Amount   Squares   Squar		Vendor Nar	me	Contract No.	Amend				Annual	
COMMUNITY AND ECONOMIC Agency Name Division Agency Contact Name Phone No. 501-682-7678 Mary.davis@ARKANSAS.GOV.  Item # Category Short Description Personnel PRO SERVICE,COMPENSATION FEE 35000 Lump Sum \$1.00  Date Submitted O2/22/2024 HOUSEABOUTIT COMMUNITY AND ECONOMIC Agency Name Division Agency Contact Name Personnel PRO SERVICE,COMPENSATION FEE 35000 Lump Sum \$1.00  Agency # Category Short Description Personnel PRO SERVICE,COMPENSATION FEE 35000 Lump Sum \$1.00  Date Submitted O2/22/2024 HOUSEABOUTIT 4600045858 04 01/01/2020 Request for Amount \$245,000.00 66/30/2025 Qualifications \$15,000.00  Agency # Agency Name Division Agency Contact Name Phone No. Femali Address Mary.davis@ARKANSAS.GOV.  Item # Category Short Description Quantity UM Description Cost Ump Sum \$1.00  Date Submitted O2/22/2024 Agency Short Description Agency Contact Name Phone No. Phon										
Agency Warme 0425  Insurance Department  Agency Contact Name Agency Contact Name Agency Contact Phone No. 501-682-7678  MARY DAVIS  Agency Contact Phone No. 501-682-7678  Mary davis @ ARKANSAS.GOV  Item # Category Short Description  Date Submitted 02/22/2024  Agency Contact No. Agency Contact No. Agency Contact Method of No. Period Procurement Contract Amount Agency Frouverent Contract Amount COMMUNITY AND ECONOMIC Agency Warme Division  Agency Contact Name Odi/30/2025  Date Submitted 02/22/2024  Agency Name Division Agency Contact Name Agency Contact Phone No. Cottact Name Agency Contact Name Agency Contact Phone No. Cottact No. Agency Contact Phone No. Cottact No. Agency Mary Davis Cottact Phone No. Cottact No. Agency Contact Name Agency Name Division Agency Contact Name Agency Contact Phone No. E-mail Address Agency Contact Phone No. E-mail Address Agency Contact Phone No. Base Agency Contact Phone No. Agency Contact Phone No. Base Agency Contact Phone No. Agency Contact Phone No. Base Agency Contact Phone No. Agency Contact Phone No. Agency Contact Phone No. Base Agency Contact Phone No. Agency Contact Phone No. Agency Contact Phone No. Agency Contact Phone No. Base Agency Contact Phone No. Agency Contact Phone	02/22/2024			4600045857	03					· -/
Name										
Item #   Category   Short Description   Quantity   UM Description   Cost	Agency #	Agency Na	ıme	Division	,	Agency Conta	ct Name			
Date Submitted 02/22/2024  Agency # Category Short Description PRO SERVICE, COMPENSATION FEE 35000 Lump Sum \$1.00  Date Submitted O2/22/2024  Item # Category Short Description Prosument Procurement Procurement Procurement Company Sum	0425	Insurance Dep	artment			MARY DA	VIS	501-	682-7678 ı	mary.davis@ARKANSAS.GOV
Date Submitted HOUSEABOUTIT 4600045858 04 01/01/2020 Request for Amount \$245,000.00 ECONOMIC Agency Name Insurance Department Pro Service, COMPENSATION FEE 35000 Lump Sum \$1.00  Date Submitted HOUSEABOUTIT 4600045858 04 01/01/2020 Request for Amount \$245,000.00 ECONOMIC Agency Name Division Insurance Department PRO SERVICE, COMPENSATION FEE 35000 Lump Sum \$1.00  Date Submitted 02/22/2024 AREA AGENCY ON AGING OF NORTHWEST Agency Hame Division Insurance Department Pro Service Agency Contact No. Period Procurement Agency Contact No. Period Procurement Contract Amount \$300,000.00 ECONOMIC Agency Request for Agency Contact Agency Report Reguest for Agency Contact E-mail Address Agency Name Division Insurance Department Report	Item #	Category	Short I	Description			Qua	ntity	UM Descripti	on Cost
Submitted   Oz/22/2024   HOUSEABOUTIT   4600045858   04   01/01/2020   Request for Amount   \$245,000.00   S15,000.00   S245,000.00   S245,00	00001	Personnel	PRO S	SERVICE,COMPE	NSATIO	N FEE	35	000	Lump Sum	\$1.00
HOUSEABOUTIT   4600045858   04   01/01/2020   Request for Qualifications   \$15,000.00   \$15,00		Vendor Nar	me	Contract No.						
COMMUNITY AND ECONOMIC Agency Wame Division Agency Contact Name Phone No. Insurance Department MARY DAVIS 601-682-7678 mary.davis@ARKANSAS.GOV MARY DAVIS 501-682-7678 mary.da		HOUSEABOL	JTIT	4600045858						•
Agency # Agency Name Division Agency Contact Name Phone No. E-mail Address  1 Insurance Department MARY DAVIS 601-682-7678 mary.davis@ARKANSAS.GOV    Item # Category Short Description	· · · · · · · · · · · · · · · · · · ·	COMMUNITY	AND	10000 10000	01					. ,
Item #   Category   Short Description   Quantity   UM Description   Cost	Agency #			Division	A		ct Name			
Date Submitted 02/22/2024 AREA AGENCY ON AGING OF NORTHWEST Agency Wame 0425 Insurance Department Category Short Description Submitted No. Period Procure Method of Procurement Contract Amount Procurement Contract Amount Samuel Space Submitted O2/22/2024 Agency # Category Short Description Submitted No. Period Procurement Contract Amount Samuel Space Sp	0425	Insurance Dep	artment			MARY DA	VIS	601-	682-7678 ı	mary.davis@ARKANSAS.GOV
Date Submitted O2/22/2024 AREA AGENCY ON AGING OF NORTHWEST Agency # Agency Name Division O425 Insurance Department  Contract No. Amend Contract Method of Procurement Contract Amount Procurement Contract Amount \$300,000.00  O4/07/01/2020 Request for Amount \$300,000.00  O6/30/2025 Qualifications \$25,000.00  Agency Contact Name Agency Contact Phone No. E-mail Address MARY DAVIS 501-682-7678 Mary.Davis@ARKANSAS.GOV.  Item # Category Short Description Cost	Item #	Category	Short I	Description			Qua	ntity	UM Descripti	on Cost
Submitted 02/22/2024 AREA AGENCY ON 4600045995 04 07/01/2020 Request for Amount \$300,000.00 AGING OF NORTHWEST Agency Name Division 0425 Insurance Department Division Item # Category Short Description  No. Period Procurement Contract Amount \$300,000.00 Procurement Contract Amount \$300,000.00  Request for Amount \$300,000.00  Qualifications \$25,000.00  Agency Contact Name Phone No. E-mail Address  MARY DAVIS 501-682-7678 Mary.Davis@ARKANSAS.GOV  Request for Amount \$300,000.00  Agency Contact Name Phone No. E-mail Address  MARY DAVIS 501-682-7678 Mary.Davis@ARKANSAS.GOV	00001	Personnel	PRO S	SERVICE,COMPE	NSATIO	N FEE	35	000	Lump Sum	\$1.00
No. Period Procurement Contract Amount  02/22/2024 AREA AGENCY ON 4600045995 04 07/01/2020 Request for Amount \$300,000.00  AGING OF NORTHWEST Agency Name Division 0425 Insurance Department Division Insurance Department MARY DAVIS 501-682-7678 Mary.Davis@ARKANSAS.GOV  Item # Category Short Description Quantity UM Description Cost		Vendor Nar	me	Contract No						
AGING OF NORTHWEST Agency # Agency Name Division Agency Contact Name Phone No. E-mail Address  0425 Insurance Department MARY DAVIS 501-682-7678 Mary.Davis@ARKANSAS.GOV  Item # Category Short Description Quantity UM Description Cost										-
Agency # Agency Name Division Agency Contact Name Phone No. E-mail Address  0425 Insurance Department MARY DAVIS 501-682-7678 Mary.Davis@ARKANSAS.GOV  Item # Category Short Description Quantity UM Description Cost	02/22/2024	AGING OF	=	4600045995	04		•	ations	\$25,000.0	00
0425 Insurance Department MARY DAVIS 501-682-7678 Mary.Davis@ARKANSAS.GOV  Item # Category Short Description Quantity UM Description Cost	Agency #	-	-	Division	A	Agency Conta	ct Name			
	0425	Insurance Dep	artment			MARY DA	VIS			
00001 Personnel PRO SERVICE, COMPENSATION FEE 42857 Lump Sum \$1.00	Item #	Category	Short I	Description			Qua	ntity	UM Descripti	on Cost
	00001	Personnel	PRO S	SERVICE,COMPE	NSATIO	N FEE	42	857	Lump Sum	\$1.00

Date	Vendor Nan	ne Contract No.	Amend	Contract	Method		Annual	Total Projected
Submitted		(01)	No.	Period	Procure		Contract	Amount
02/26/2024	AREA AGENC	1000010000	80	07/01/2020 To	Reques Qualifica		Amount	\$207,000.00
	AGING OF S			06/30/2025	Qualifica		\$32,000.00	
Agency #	Agency Na	•	1 <i>j</i>	Agency Conta	ct Name	Agency		Agency Contact
0425	Insurance Depa			MARY DA		Phone 501-682		E-mail Address
0420	ilisulatice Depa	artinent		WARTDA	VIS	301-002	2-7070	mary.davis@arkansas.gov
Item #	Category	Short Description			Qua	ntity	UM Description	n Cost
00001	Personnel	PRO SERVICE,COMP	ENSATIO	N FEE		429	Lump Sum	\$1.00
Date	Vendor Nan	ne Contract No.	Amend	Contract	Method		Annual	Total Projected
Submitted	ADEA ACENO		No.	Period	Procure		Contract	Amount
02/22/2024	AREA AGENC` AGING OF	1000010001	07	07/01/2020 To	Reques Qualifica		Amount	\$180,000.00
	SOUTHWES			06/30/2025	Qualifica		\$7,500.00	
Agency #	Agency Na		1 /	Agency Conta	ct Name	Agency Phone		Agency Contact E-mail Address
0425	Insurance Depa	artment		MARY DA	VIS	501-682		Mary.davis@arkansas.gov
- 1	modrance Bopt			WINTER DAY	VIO	001 002	_ 1010	wary.davio@arkarioao.gov
Item #	Category	Short Description			Qua	ntity	UM Description	n Cost
00001	Personnel	PRO SERVICE,COMP	ENSATIO	N FEE	257	714	Lump Sum	\$1.00
Date	Vendor Nan	ne Contract No.	Amend		Method		Annual	Total Projected
Submitted			No.	Period	Procure		Contract	Amount
02/22/2024	AREA AGENC	1000010000	04	07/01/2020	Reques		Amount	\$275,000.00
	AGING OF WES	IERN		06/30/2025	Qualifica		\$5,000.00	
Agency #	Agency Na	me Divisior	1 /	Agency Conta	ct Name	Agency		Agency Contact
0425			•	•		Phone		E-mail Address
0423	Insurance Depart	artment		MARY DA	VIS	501-682	2-7678	mary.davis@arkansas.gov
Item #	Category	Short Description			Qua	ntity	UM Description	n Cost
	Category	Short Description	ENSATIO	N EEE		•	UM Description	
<b>Item #</b> 00001	<b>Category</b> Personnel	Short Description PRO SERVICE,COMP	ENSATIO	N FEE		ntity 286	<b>UM Descriptior</b> Lump Sum	Cost \$1.00
	Personnel	PRO SERVICE,COMP	PENSATIO Amend	N FEE Contract		286	-	
00001		PRO SERVICE,COMP			392	286 d of	Lump Sum	\$1.00
00001  Date	Personnel  Vendor Nan  EAST ARKAN	PRO SERVICE,COMP  ne Contract No.  SAS 4600046000	Amend	Contract Period 07/01/2020	Method Procure Reques	286 d of ment	Annual Contract Amount	\$1.00  Total Projected
00001  Date Submitted	Vendor Nan EAST ARKAN: AREA AGENCY	PRO SERVICE,COMP  ne Contract No.  SAS 4600046000	Amend No.	Contract Period	Method Procure	286 d of ment	Lump Sum  Annual Contract	\$1.00  Total Projected Amount
00001  Date Submitted 02/22/2024	Vendor Nan EAST ARKAN: AREA AGENCY AGING	PRO SERVICE,COMP  ne Contract No.  SAS 4600046000 Y ON	Amend No. 03	Contract Period 07/01/2020 To 06/30/2025	Method Procure Reques Qualifica	d of ment at for attions Agency	Annual Contract Amount \$7,500.00	\$1.00  Total Projected Amount \$200,000.00  Agency Contact
Date Submitted 02/22/2024 Agency #	Vendor Nan EAST ARKAN: AREA AGENC' AGING Agency Na	PRO SERVICE,COMP  ne Contract No.  SAS 4600046000  Y ON  me Division	Amend No. 03	Contract Period 07/01/2020 06/30/2025 Agency Contact	Method Procure Reques Qualifica	d of ment of for itions Agency	Annual Contract Amount \$7,500.00 Contact	\$1.00  Total Projected Amount \$200,000.00  Agency Contact E-mail Address
00001  Date Submitted 02/22/2024	Vendor Nan EAST ARKAN: AREA AGENCY AGING	PRO SERVICE,COMP  ne Contract No.  SAS 4600046000  Y ON  me Division	Amend No. 03	Contract Period 07/01/2020 To 06/30/2025	Method Procure Reques Qualifica	d of ment at for attions Agency	Annual Contract Amount \$7,500.00 Contact	\$1.00  Total Projected Amount \$200,000.00  Agency Contact
Date Submitted 02/22/2024 Agency # 0425	Vendor Nan EAST ARKAN: AREA AGENC' AGING Agency Na	PRO SERVICE,COMP  ne Contract No.  SAS 4600046000  Y ON  me Division  artment	Amend No. 03	Contract Period 07/01/2020 06/30/2025 Agency Contact	Method Procure Reques Qualifica ct Name	d of ment at for ations Agency Phone 501-682	Annual Contract Amount \$7,500.00 Contact e No. 2-7678	\$1.00  Total Projected Amount \$200,000.00  Agency Contact E-mail Address mary.davis@arkansas.gov
Date Submitted 02/22/2024 Agency #	Vendor Nan EAST ARKAN: AREA AGENC' AGING Agency Na	PRO SERVICE,COMP  ne Contract No.  SAS 4600046000  Y ON  me Division	Amend No. 03	Contract Period 07/01/2020 06/30/2025 Agency Contac MARY DA	Method Procure Reques Qualifica ct Name	d of ment st for stions Agency Phone 501-682	Annual Contract Amount \$7,500.00 Contact	\$1.00  Total Projected Amount \$200,000.00  Agency Contact E-mail Address mary.davis@arkansas.gov

Date Submitted	Vendor Na		Contract No.	Amend No.	Contract Period	Method Procure		Annual Contract	Total Projected Amount
02/22/2024	SOUTH ARKA	EALTH	4600046001	06	07/01/2020 06/30/2025	Reques Qualifica		<b>Amount</b> \$3,000.00	\$49,000.00
Agency #	CENTER <b>Agency N</b>		Division	A	Agency Contac		_	cy Contact one No.	Agency Contact E-mail Address
0425	Insurance Dep	partment			MARY DA	VIS	501-	682-7678	mary.davis@arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descriptio	n Cost
00001	Personnel	PRO :	SERVICE,COMPE	NSATIO	N FEE	070	000	Lump Sum	\$1.00
Date Submitted	Vendor Na		Contract No.	Amend No.	Contract Period	Method Procure	ment	Annual Contract	Total Projected Amount
02/26/2024	INDEPENDE COUNT)	-	4600046003	02	07/01/2020 06/30/2025	Reques Qualifica		<b>Amount</b> \$3,000.00	\$40,000.00
Agency #	Agency N	ame	Division	A	Agency Contac	ct Name		cy Contact one No.	Agency Contact E-mail Address
0425	Insurance Dep	oartment			MARY DA	VIS			mary.davis@arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descriptio	n Cost
00001	Personnel	PRO S	SERVICE,COMPE	NSATIO	N FEE	10	714	Lump Sum	\$1.00
Date Submitted	Vendor Na	me	Contract No.	Amend No.	Contract Period	Method Procure		Annual Contract	Total Projected Amount
02/26/2024	EXETER ASSO INC	CIATES	4600048488	03	07/01/2021 06/30/2025	Reques Propo		<b>Amount</b> \$20,000.00	\$140,000.00
Agency #	Agency N	ame	Division	A	Agency Contac	ct Name		cy Contact one No.	Agency Contact E-mail Address
0450	Public Ser Commiss				Clark W Mar	nasco			MANASCO@PSC.STATE.AR US
Item #	Category	Short	Description			Qua	ntity	UM Descriptio	n Cost
00001	Personnel	PRO S	SERVICE,COMPE	NSATIO	N FEE	190	000	each	\$1.00
00002	Personnel	PRO S	SERVICE,REIMBU	JRSABLE	EXPENSES	010	000	each	\$1.00
Date Submitted	Vendor Na		Contract No.	Amend No.	Contract Period	Method Procure	ment	Annual Contract	Total Projected Amount
02/14/2024	NATHAN WI	LLIS	4600054128	00	03/18/2024 12/31/2024	Spec Procure		<b>Amount</b> \$35,850.00	\$35,850.00 )
Agency #	Agency N	ame	Division	A	Agency Contac	ct Name		cy Contact one No.	Agency Contact E-mail Address
0516	Educational To Division				BOBBY SHE	RRON			sherron@myarkansaspbs.org
Item #	Category	Short	Description			Qua	ntity	UM Descriptio	n Cost
00001	Services	TECH	SERVICE, VIDEO	PRODU	CTION	000	001	each	\$35,850.00

Date Submitted 02/21/2024	Vendor Nai		Contract No. 4502200127	Amend No.	<b>Period</b> 02/01/2024	Method Procure Coopera	ment ative	Annu Contr Amou	act ınt	Total Projected Amount \$63,338.65
	CORP				01/31/2025	Contra		\$63,33	8.65	
Agency #	Agency Na	ame	Division	A	Agency Conta	ct Name		cy Contact one No.		Agency Contact E-mail Address
0610	Department of and Administ				Kim Hama	aker		324-9067	kim.h	namaker@dfa.arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descri	ption	Cost
00001	Services	TECH	SERVICE,IT,IMP	LEMENT	ATION	000	018	Lump St	ım	\$214.00
00002	Services	TECH	SERVICE,IT,IMP	LEMENT	ATION	000	)24	Lump St	ım	\$214.00
00003	Services	TECH	SERVICE,DELV-	BASED,	TRAINING	000	070	Lump St	ım	\$214.00
00004	Services	TECH	SERVICE, DELV-	BASED,	TRAINING	000	)22	Lump St	ım	\$214.00
00001	Commodities		WARE LICENSE,			000	040	Lump Si		\$850.65
00002	Commodities		WARE LICENSE,			000	001	Lump St		\$636.65
Date	Vendor Nai	me	Contract No.	Amend		Method		Annu		Total Projected
<b>Submitted</b> 02/16/2024	OJS SERVICE INC	TWO	4600052404	<b>No.</b> 01	Period 03/09/2023 03/08/2025	Procure Competiti		<b>Contr</b> <b>Amo</b> u \$7,850	ınt	<b>Amount</b> \$31,400.00
Agency #	Agency Na	me	Division		Agency Conta	ct Name		cy Contact		Agency Contact
0630	Department of & Administra Revenue Se	Finance tion -		•	RAHIMI W			<b>one No.</b> 324-9071	Rahin	E-mail Address ni.Webb@dfa.arkansas.gov
Item #	Category		Description			Qua	ntitv	UM Descri	ption	Cost
00001	Services		SERVICE, JANIT	ORIAL		000	-	Month	-	\$525.00
00002	Services		SERVICE,WAXIN		PPING	000		each		\$775.00
Date Submitted 02/07/2024	<b>Vendor Na</b> NANCY SL		Contract No. 4600054114	Amend No.	Contract Period 02/01/2024	Method Procure Competiti	ment	Annı Contr Amoı	act	Total Projected Amount \$37,850.08
	MAJEWS	(I			01/31/2025	·		\$9,462	2.52	
Agency #	Agency Na	ame	Division		Agency Conta	ct Name		cy Contact one No.		Agency Contact E-mail Address
0630	Department of & Administra Revenue Ser	tion -			Rahimi W	ebb		324-9071	rahin	ni.webb@dfa.arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descri	ption	Cost
00001	Services	TECH	SERVICE, JANIT	ORIAL		000	)12	Month	S	\$662.14
00002	Services	TECH	SERVICE,WAXIN	NG/STRIF	PPING	000	002	each		\$758.42
Date Submitted	Vendor Nai		Contract No.	Amend No.	Contract Period	Method Procure	ment	Annı Contr		Total Projected Amount
02/07/2024	OJS SERVICE INC	TWO	4600054116	00	02/01/2024 01/31/2025	Competiti	ve Bid	<b>Amοι</b> \$12,41		\$49,641.92
Agency #	Agency Na	ame	Division		Agency Conta	ct Name		cy Contact one No.		Agency Contact E-mail Address
0630	Department of & Administra Revenue Ser	tion -			Rahimi W			324-9071	rahin	ni.webb@dfa.arkansas.gov
		<del>-</del>								
Item #	Category	Short	Description			Qua	ntity	UM Descri	ption	Cost
Item # 00001	Category Services		Description SERVICE,JANIT	ORIAL		<b>Qua</b> 000	-	UM Descri Month	-	<b>Cost</b> \$915.04

Date Submitted 02/21/2024	Vendor Nar		<b>Contract No.</b> 4600050102	Amend No. 04	Contract Period 02/22/2022 To 01/31/2025	Methodore Procure Competition	ment	Annual Contract Amount \$40,000.00	Total Projected Amount \$280,000.00
Agency #	Agency Na	me	Division		Agency Conta	ct Name		/ Contact	Agency Contact
0710	Arkansas Dep of Human Se		Division of Child Family Service	ren &	RICKEY THO			<b>ne No.</b> 83-6327 tke	E-mail Address eyah.cokeley@dhs.arkansas. gov
Item #	Category	Short	Description			Qua	ntity	UM Description	n Cost
00001	Services	TECH	SERVICE,LAB TE	ESTING		400	000	each	\$1.00
Date Submitted 02/27/2024	Vendor Nar		Contract No. 4600052392	Amend No. 01	<b>Period</b> 07/01/2023	Metho Procure Invitation	ment	Annual Contract Amount	Total Projected Amount \$126,000.00
					06/30/2024		Agency	\$26,000.00 / Contact	Agency Contact
Agency #	Agency Na		Division		Agency Conta		Pho	ne No.	E-mail Address
0710	Arkansas Depa of Human Se		Division of Prov Services & Qua		RICHARD WII	LLIAMS	501-3	20-6146 Rea	DHS.OPDevelopment. adyToFile@dhs.arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Description	n Cost
00001	Personnel	PRO S	SERVICE,HEARIN	IG OFFIC	CER	180	000	Lump Sum	\$1.00
Date Submitted 02/20/2024	Vendor Nar VETERAN JANIT SERVICE L	ΓORIAL	Contract No. 4600052905	Amend No. 01	<b>Period</b> 07/01/2023	Metho Procure Small C	ment	Annual Contract Amount \$7,429.92	Total Projected Amount \$47,880.00
A		_	Division		06/30/2025	-4 N	Agenc	φτ,429.92 Contact	Agency Contact
<b>Agency #</b> 0710	Agency Na Arkansas Dep of Human Se	artment	<b>Division</b> Office of Procure		Agency Conta CARRIE MI		Pho	ne No.	<b>E-mail Address</b> rrie.Miller@DHS.ARKANSAS. GOV
Item #	Category	Short	Description				_		. Coot
			Description			Qua	ntity	UM Description	n Cost
00001	Services		SERVICE, JANITO	ORIAL			<b>ntity</b> 012	UM Description Months	\$570.00
Date	Services  Vendor Nar	TECH	-	Amend		000 Metho	012 d of	Months  Annual	\$570.00  Total Projected
Date Submitted		TECH	SERVICE,JANITO		<b>Period</b> 07/01/2020	000	d of ment	Months	\$570.00
Date Submitted 02/27/2024	Vendor Nar LIBBY SLATTON PA	TECH me	SERVICE, JANITO	Amend No. 05	Period 07/01/2020 To 06/30/2025	Method Procure Reques Propo	ond of ment st for sal Agency	Annual Contract Amount \$43,857.14	\$570.00  Total Projected Amount \$307,000.00  Agency Contact
Date Submitted	Vendor Nar	me I LCSW ame artment	Contract No. 4600046331	Amend No. 05	<b>Period</b> 07/01/2020	Method Procure Request Propo	d of ment of for sal Agency Pho	Annual Contract Amount \$43,857.14 / Contact ne No.	\$570.00  Total Projected Amount \$307,000.00
Date Submitted 02/27/2024 Agency #	Vendor Nar LIBBY SLATTON PA Agency Na Arkansas Dep	TECH  me I LCSW  me artment rvices	Contract No. 4600046331  Division  Division of Child	Amend No. 05	Period 07/01/2020 06/30/2025 Agency Conta	Method Procure Reques Propo ct Name	d of ment of for sal Agency Pho	Annual Contract Amount \$43,857.14 / Contact ne No.	\$570.00  Total Projected Amount \$307,000.00  Agency Contact E-mail Address rrie.Miller@DHS.ARKANSAS. GOV

Date Submitted	Vendor Nai		Contract No.	Amend	Period	Method Procure		Annual Contract	Total Projected Amount
02/20/2024	KID-SCAN L	.LC	4600046228	05	05/01/2020 04/30/2025	Invitation 1	for Bid	<b>Amount</b> \$36,071.43	\$252,500.00
Agency #	Agency Na	ame	Division		Agency Conta	ct Name	_	cy Contact	Agency Contact E-mail Address
0710	Arkansas Dep of Human Se		Office of Inform Technology	ation	CARRIE MI			<b>one No.</b> 289-7731 Carr	ie.Miller@DHS.ARKANSAS. GOV
Item #	Category	Short	Description			Qua	ntity	UM Description	Cost
00001	Services	TECH EQUP	SERVICE,MAINT MT	ENANC	E,COMPUTER	000	040	each	\$1.00
00001	Commodities	SCAN	NER,FINGERPRI	NT		000	040	each	\$1.00
Date Submitted	Vendor Naı		Contract No.	Amend No.	I Contract Period	Method Procure		Annual Contract	Total Projected Amount
02/27/2024	JULIAN BES	TER	4600054197	00	02/27/2024 12/15/2024	Competiti		<b>Amount</b> \$33,840.00	\$236,880.00
Agency #	Agency Na	ame	Division		Agency Conta	ct Name		cy Contact one No.	Agency Contact E-mail Address
0865	Departmer Arkansas Her Central Admini	itage -			OLI HIL	L		682-7619	Oli.Hill@arkansas.gov
Item #	Category	Short	Description			Qua	ntity	<b>UM Description</b>	Cost
00001	Services	TECH	SERVICE,JANIT	ORIAL		000	)12	Months	\$2,820.00
Date	Vendor Nai	me	Contract No.	Amend		Method		Initial Contrac	
<b>Submitted</b> 02/27/2024	JULIAN BES	TER	4600054198	<b>No.</b> 00	Period 02/27/2024 12/15/2024	Procure: Competitive		<b>Amount</b> \$35,613.00	<b>Amount</b> \$249,291.00
Agency #	Agency Na	ame	Division		Agency Conta	ct Name		cy Contact one No.	Agency Contact E-mail Address
0865	Departmer Arkansas Her Central Admini	itage -			OLI HIL	L		682-7619	Oli.Hill@arkansas.gov
Item #	Category	Short	Description			Qua	ntity	<b>UM Description</b>	Cost
00001	Services	TECH	SERVICE, JANITO	ORIAL		000	)12	Months	\$2,684.00
00002	Services	TECH	SERVICE, JANITO	ORIAL		000	001	Months	\$2,500.00
00003	Services	TECH	SERVICE,JANIT	ORIAL		000	001	Months	\$905.00
Date Submitted	Vendor Na		Contract No.	Amend	Period	Method Procure	ment	Annual Contract	Total Projected Amount
02/01/2024	CONWAY PSYCHOLOG ASSESSME	ICAL	4600046410	04	07/01/2020 06/30/2025	Small O		<b>Amount</b> \$37,625.00	\$158,250.00
Agency #	Agencyek		Division		Agency Conta	ct Name		cy Contact one No.	Agency Contact E-mail Address
0960	Arkansas State	e Police			WANDA WC	RLEY			da.worley@asp.arkansas.go\
Item #	Category	Short	Description			Qua	ntity	UM Description	Cost
00001	Personnel		SERVICE,PSYCH INATION	OLOGIC	CAL	000	)75	each	\$150.00
00002	Personnel		SERVICE,PSYCH INATION	OLOGIC	CAL	000	)15	each	\$150.00