| Date | Vendor Na | me | Contract No. | Amend | Contract | Method | d of | Annual C | ontract | Total Projected | |
|---|---|---|--|--------------------|--|--|---|---|---|---|--|
| Submitted 02/07/2020 | 2/07/2020 PFM ASSET RA1204083 00 0 | | Period 03/01/2020 | Procure Reques | t for | Amount \$16,500.00 | | Amount \$66,000.00 | | | |
| | MANAGEME | =N I | | | 02/28/2024 | Propos | | v Contact | | Agency Contact | |
| Agency # | Agency Name | | Division Agency Cont | | gency Conta | | | ncy Contact hone 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 I | Description | | | Qua | ntity | UM Descrip | otion | Cost | |
| 00001 | Personnel | Consu | Itant Fees | | | 00004 | | Years | | \$60,000.00 | |
| 00001 | Expenses | Travel | | | | 000 | 004 | Years | | \$6,000.00 | |
| Date Submitted | Vendor Name | | Contract No. | Amend | | Method of | | Annual Contract | | Total Projected | |
| 01/07/2020 | JOHN DEW WATSON I | | 4600035748 | No. 05 | Period 10/01/2015 To 06/30/2021 | Procurement Request for Qualifications | | Amount \$24,000.00 | | \$162,000.00 | |
| Agency # | Agency Na | ame | Division | Δ | gency Conta | ct Name | | cy Contact | | Agency Contact | |
| 0224 | Contractor's L Board | | | - | JODIE HATE | | | one No. 371-1520 | | E-mail Address natfield@arkansas.gov | |
| Item # | Category | Short I | Description | | | Qua | ntity | UM Descrip | otion | Cost | |
| 00001 | Personnel PRO SERVICE,HEARIN | | NG OFFICER | | 72000 | | Lump Sum | | \$1.00 | | |
| Date Submitted | Vendor Na | me | Contract No. | Amend No. | Contract Period | | | | | Total Projected Amount | |
| 02/04/2020 | AREA AGENC | SE | 4600030666 | 80 | 09/01/2013 To 06/30/2020 | | Request for \$31,000.00 Qualifications | | 00.00 | \$40,000.00 | |
| Agency # | ARKANSAS | | gency Conta | ct Name | | y Contact | | Agency Contact E-mail Address | | | |
| | 0 , | aiiie | 2 | | | or manno | rne | one No. | | L IIIaii Addi 633 | |
| 0425 | Insurance Dep | | 2 | | BECKY CR | | | one No. 371-2612 | | crow@arkansas.gov/ | |
| Item # 00005 | Insurance Dep Category Personnel | Short I PRO S | Description ERVICE, COMPE | | N FEE | OW Qua 1953 | 501-3 ntity 3 | 371-2612 UM Descri p Lump Sur | becky otion | v.crow@arkansas.gov Cost \$1.00 | |
| Item # | Insurance Dep | Short I PRO S | Description | | N FEE | OW Qua | 501-3 ntity 3 | 371-2612 UM Descri ķ | becky otion | crow@arkansas.gov/ Cost | |
| Item # 00005 | Insurance Dep Category Personnel | Short I PRO S PRO S | Description ERVICE, COMPE | | N FEE | OW Qua 1953 | 501-3 | 371-2612 UM Descri p Lump Sur | becky | v.crow@arkansas.gov Cost \$1.00 | |
| Item # 00005 00006 Date Submitted | Category Personnel Personnel Vendor Na SOUTH ARKA REGIONAL HE | Short I PRO S PRO S me NSAS | Description ERVICE, COMPE ERVICE, COMPE | ENSATIO Amend | N FEE N FEE Contract | Qua 1953 5000 Method | ntity 3) d of ment t for tions | UM Descrip Lump Sun Lump Sun Annual C Amo \$29,5 | becky | Cost \$1.00 \$1.00 Total Projected Amount \$35,000.00 | |
| Item # 00005 00006 Date Submitted | Category Personnel Personnel Vendor Na | Short I PRO S PRO S me NSAS | Description ERVICE, COMPE ERVICE, COMPE Contract No. | Amend No. 08 | N FEE N FEE Contract Period 09/01/2013 | Qua 1953 5000 Method Procured Reques Qualifica | t of ment t for tions Agence | UM Descrip Lump Sur Lump Sur Lump Sur Annual C | becky | Cost \$1.00 \$1.00 Total Projected Amount | |
| Item # 00005 00006 Date Submitted 02/04/2020 | Category Personnel Personnel Vendor Na SOUTH ARKA REGIONAL HE CENTER | Short I PRO S PRO S PRO S Me NSAS EALTH | Description ERVICE, COMPE ERVICE, COMPE Contract No. 4600030667 | Amend No. 08 | N FEE N FEE Contract Period 09/01/2013 To 06/30/2020 | Qual 1953 5000 Method Procurer Reques Qualificant Name | t of ment tions Agence | UM Descrip Lump Sun Lump Sun Annual C Amo \$29,5 | becky | Cost \$1.00 \$1.00 Total Projected Amount \$35,000.00 | |
| Item # 00005 00006 Date Submitted 02/04/2020 Agency # | Category Personnel Personnel Vendor Na SOUTH ARKA REGIONAL HE CENTER Agency Na | Short I PRO S PRO S Me NSAS EALTH | Description ERVICE, COMPE ERVICE, COMPE Contract No. 4600030667 | Amend No. 08 | N FEE N FEE Contract Period 09/01/2013 06/30/2020 Agency Contact | Qual 1953 5000 Method Procurer Reques Qualificant Name | sol-contity d of ment tfor tions Agence Photo 501-3 | UM Descrip Lump Sun Lump Sun Annual C Amo \$29,50 | becky otion n contract unt 00.00 | Cost \$1.00 \$1.00 Total Projected Amount \$35,000.00 Agency Contact E-mail Address Acrow@arkansas.gov | |
| ltem # 00005 00006 Date Submitted 02/04/2020 Agency # 0425 | Category Personnel Personnel Vendor Na SOUTH ARKA REGIONAL HE CENTER Agency Na Insurance Dep | Short I PRO S PRO S PRO S Me NSAS EALTH Came Dartment | Description ERVICE, COMPE ERVICE, COMPE Contract No. 4600030667 Division | Amend No. 08 | N FEE N FEE Contract Period 09/01/2013 To 06/30/2020 Agency Contact BECKY CR | Qual 1953 5000 Method Procured Reques Qualifica ct Name | sol-contity d of ment to for tions Agence Sol-contity it | UM Descrip Lump Sun Lump Sun Annual C Amo \$29,50 cy Contact one No. | becky otion contract unt 00.00 becky | Cost \$1.00 \$1.00 Total Projected Amount \$35,000.00 Agency Contact E-mail Address /.crow@arkansas.gov | |

| 0_70 17_0_0 | Vendor Name WESTERN ARKANSAS COUNSELING & GUIDANCE | - 100000000 | | ment t for tions | Annual C Amo \$43,0 | ount 00.00 | Total Projected Amount \$48,000.00 | | | |
|---------------------------------|---|-------------------------------------|--------------------|--|---|--|------------------------------------|----------------------------|---|--|
| Agency # | Agency Name | Division | Agency Conta | | | | icy Contact none No. | | E-mail Address | |
| 0425 | Insurance Department | | | BECKY CR | OW | 501- | 371-2612 | becky | y.crow@arkansas.gov | |
| Item # 00001 | | Description ERVICE, COMPE | ENSATION FEE | | Quantity 29500 | | UM Description Lump Sum | | Cost \$1.00 | |
| Date Submitted 02/04/2020 | Vendor Name UNIVERSITY OF ARKANSAS-MEDICAL SCIENCES | Contract No. 4600032041 | Amend No. 07 | Contract Period 07/01/2014 To 06/30/2020 | Method Procured Reques Qualifica | ment t for tions | Am (\$40,0 | Contract ount 000.00 | Total Projected Amount \$50,000.00 | |
| Agency # | Agency Name | Division | Α | gency Contac | t Name | | cy Contact one No. | | Agency Contact E-mail Address | |
| 0425 | Insurance Department | | | BECKY CR | OW | | 371-2612 | | y.crow@arkansas.gov | |
| Item # 00001 | Category Short I Personnel PRO S | Description ERVICE, COMPE | ENSATION | N FEE | Qua 240 | | UM Descri Lump Sum | | Cost \$1.00 | |
| Date Submitted 02/04/2020 | Vendor Name UNIVERSITY OF ARKANSAS-MEDICAL | Contract No. 4600034772 | Amend No. 08 | Contract Period 09/01/2014 06/30/2020 | Procure: Reques | Method of Procurement Request for Qualifications Annual Contract Amount \$24,000.00 | | unt | Total Projected Amount \$33,000.00 | |
| Agency # | SCIENCES Agency Name | Division | Α | gency Contac | t Name | | cy Contact one No. | | Agency Contact E-mail Address | |
| 0425 | Insurance Department | | | CARROLL A | Pn | | 371-2785 | | .carter@arkansas.gov | |
| Item # 00001 | • • | Description SERVICE, COMPI | FNSATIO | N FFF | Qua 240 | - | UM Descr i Lump S | - | Cost \$1.00 | |
| | | | | | | | , | | · | |
| Date Submitted 01/06/2020 | Vendor Name WATERSHED HUMAN AND COMMUNITY | Contract No. 4600045832 | Amend No. 00 | Contract Period 01/01/2020 12/31/2023 | Method Procure Reques Qualifica | ment t for | Annual C Amo \$20,0 | unt | Total Projected Amount \$140,000.00 | |
| Agency # | Agency Name | Division | Δ | gency Contac | t Name | _ | cy Contact | | Agency Contact | |
| 0425 | Insurance Department | 23. | ^ | Becky Cro | | | one No. 371-2612 | | E-mail Address C.CROW@ARKANSAS. GOV | |
| | Cotogony Short | Doscription | | | 0 | ntity | IIM Dosori | ntion | Cost | |
| ltem # | Category Short Description Personnel PRO SERVICE,CO | | | | Qua | IILILV | UM Description Lump Sum | | CUSI | |

| Date | | | | Amend | Contract | Mothor | d of | Annual | Contract | Total Projected | |
|-----------------------------|------------------------------------|----------|---|------------------|------------------------------------|--------------------------|--------------|------------------------------------|----------------|-----------------------------------|--|
| Submitted | Vendor Na | me | Contract No. | No. | Period | Method of Procurement | | Amount | | Amount | |
| 01/16/2020 | FORT SMIT CHILDREN | | 4600034180 | 08 | 07/01/2015 To 02/28/2020 | Proposal | | \$5,600.00 | | \$53,600.00 | |
| Agency # | EMERGENCY Agency Na | - | Division | | 02/26/2020 Agency Conta | ct Name | | cy Contact one No. | | Agency Contact E-mail Address | |
| 0710 | Arkansas Dep of Human Se | | Division of Child Family Service | | BRANDI BE | ENSON 501- | | 682-8945 | dh | s.rmu@arkansas.gov | |
| Item # 00001 00002 | Category Personnel Personnel | PROF | Description : SERVICE SPEC SERVICE, RESPIT | | | Qua 120 206 | | UM Desc Lump S Lump S | um | Cost \$1.00 \$1.00 | |
| Date Submitted | Vendor Na | me | Contract No. | Amend No. | Contract Period | Method Procure | | | Contract | Total Projected Amount | |
| 01/29/2020 | BROADWA SECURITY | | 4600039622 | 03 | 03/14/2017 03/31/2021 | Competitive Bid | | | 040.00 | \$189,280.00 | |
| 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 Cou Operations | • | BRANDI BE | NSEN | | 320-6476 | Brandi.E | Bensen@dhs.arkansas.gov | |
| Item # 00001 00002 | Category Services Services | TECH | Description SERVICE, SECU SERVICE, SECU | | | Qua 416 416 | | UM Desc Each Each | ription | Cost \$13.00 \$13.00 | |
| Date | Vendor Na | me | Contract No. | Amend | | Method | | | Contract | | |
| Submitted 01/22/2020 | BEST JANITO SERVICE | RIAL | 4600045911 | No. 00 | Period 01/09/2020 01/31/2021 | Procure Competiti | | | ount 204.52 | Amount \$225,431.64 | |
| Agency # | Agency Na | ame | Division | | Agency Conta | ct Name | Agend Pho | cy Contact one No. | | Agency Contact E-mail Address | |
| 0710 | Arkansas Dep of Human Se | | Division of Yo Services | uth | Janice F Ed | wards | 501- | 682-6536 | jan.edv | vards@dhs.arkansas.gov | |
| Item # | Category | Short | Description | | | Qua | ntity | UM Desc | ription | Cost | |
| 00001 | Services | TECH | SERVICE,JANITO | ORIAL | | 000 | 012 | Mont | hs | \$1,118.21 | |
| Date Submitted | Vendor Na | | Contract No. | Amend No. | Period | Method Procure | ment | Am | Contract | Amount | |
| 01/17/2020 | BAPTIST HEA MEDICAL CEI | | 4600039973 | 03 | 07/01/2017 06/30/2021 | Competiti | ve Bid | \$23, | 485.00 | \$164,395.00 | |
| Agency # | | | Agency Conta | | | | | Agency Contact E-mail Address | | | |
| 0960 | Arkansas Stat | e Police | | | CAMREN BR | ENTON | 501- | 618-8309 | Camrer | n.Brenton@asp.arkansas. gov | |
| Item # | Category | | Description | | | | ntity | UM Desc | ription | Cost | |
| 00001 | Services | | TESTING, DRUG | | | 164 | | Each | | \$1.00 \$1.00 | |
| 00002 | Services Services | | TESTING, DRUG TESTING, DRUG | | | 1350 200 | | Each Each | | \$1.00 \$1.00 | |
| | OCI VICES | | TESTING, DRUG | | | 20 | _ | ∟a∪ii | | ψ1.00 | |
| 00003 00004 | Services | | TESTING, DRUG | | | 6 | 0 | Each | | \$1.00 | |

PCS/TGS - Executed Contracts

| Date Submitted 01/24/2020 WASTE CORPORATION C | | N OF | Contract No. 4600040395 | Amend No. 03 | Contract Period 07/01/2017 06/30/2021 | Method Procurer Competitiv | nent | Amo | Contract ount 74.80 | Total Projected Amount \$46,723.60 | |
|---|--------------------------------|----------|----------------------------|--------------------|--|----------------------------------|-------|-----------------------------|---------------------------|--|--|
| Agency # | ARKANSAS Agency Name | | Division | , | Agency Conta | ct Name | | Agency Contact Phone No. | | Agency Contact E-mail Address | |
| 0960 | Arkansas State | Police | | | CAMREN BR | ENTON | | 18-8309 | _ | Brenton@asp.arkansas. gov | |
| Item # | Category | Short De | escription | | | Quai | ntity | UM Descr | iption | Cost | |
| 00001 | Services | TECH SE | ERVICE,WASTI | E DISPO | SAL | 000 | 12 | Month | S | \$522.90 | |
| 00002 | Services | TECH SE | ERVICE,WASTI | E DISPO | SAL | 000 | 005 | Month | S | \$80.00 | |