Date Submitted 05/20/2020	Vendor Na MITCHELL WIL SELIG GATE	LIAMS ES &	Contract No. RA1214102	Amend No. 00	Contract Period 06/20/2020 06/30/2021	Metho Procure Reques Qualifica	ement st for	Annual Contrac Amount \$45,000.00	t Total Projected Amount \$45,000.00
Agency #	WOODYARD Agency N		Division	A	Agency Conta	ct Name	_	cy Contact	Agency Contact
0135	University of A	rkansas	UA Fayettevi		ELLEN FERO			one No. 575-5314	E-mail Address ellenf@uark.edu
Item #	Category	Short	Description			Qua	intity	UM Description	Cost
00001	Personnel	Legal	Representation			00	001	Years	\$44,000.00
00001	Expenses	Reimb	ursable Expenses	5		00	001	Years	\$1,000.00
Date Submitted 05/29/2020	Vendor Na AMANDA W		Contract No. P0225505	Amend No. 00	Contract Period 10/01/2019 To 09/30/2020	Metho Procure Sole Sou Justifica	ment rce by	Annual Contrac Amount \$31,150.00	t Total Projected Amount \$31,150.00
Agency #	Agency N	ame	Division	_	Agency Conta	ct Name		cy Contact	Agency Contact
0145	University of A at Little R	rkansas		•	TIERRA HU			one No. 569-3144	E-mail Address tmhutley@ualr.edu
Item #	Category	Short	Description			Qua	ntity	UM Description	Cost
00001	Personnel	Schoo grant.	l Support Consulta	ant Stem	starters plus	00	001	Years	\$31,150.00
Date Submitted 05/29/2020	Vendor Na DUKE UNIVEI		Contract No. P0226073	Amend No. 00	Contract Period 10/01/2019 09/30/2020	Metho Procure Sole Sou Justifica	ment rce by	Annual Contra Amount \$40,727.00	ct Total Projected Amount \$40,727.00
Agency #	Agency N	ame	Division	,	Agency Conta	oct Name	Agen	cy Contact	Agency Contact
0145	University of A	rkansas	DIVISION	,	TIERRA HL			one No. 569-3144	E-mail Address tmhutley@ualr.edu
Item #	Category	Short	Description			Qua	intity	UM Description	Cost
00001	Personnel	Jill Ade	-			00	001	Years	\$40,727.00
Date Submitted	Vendor Na	me	Contract No.	Amend No.	Contract Period	Metho-		Annual Contra Amount	ct Total Projected Amount
05/29/2020	ORKIN PE CONTRO		RA17145212	04	06/01/2016 06/30/2021	Invitation	for Bid	\$28,080.00	\$196,560.00
Agency #	Agency N	ame	Division	A	Agency Conta	ct Name		cy Contact one No.	Agency Contact E-mail Address
0145	University of A at Little R				TIERRA HU	JTLEY		569-3144	tmhutley@ualr.edu
Item #	Category	Short	Description			Qua	intity	UM Description	Cost
00001	Services		ly Pest Control				001	Years	\$28,080.00

Date Submitted 06/02/2020	Vendor Na CHILDREN ADVOCACY CI	NS	Contract No. RA21150760	Amend No. 00	Contract Period 07/01/2020 06/30/2021	Method Procure Reques Propo	ement st for	Annual Co Amou \$48,08	nt	Total Projected Amount \$48,081.00
Agency #	OF Agency N	ame	Division	Δ	gency Conta	ct Name		cy Contact		gency Contact
0150	University of A for Medical So	rkansas	Division	ŕ	TIM STEE			one No. 686-6133		-mail Address imothyh@uams.edu
Item #	Category	Short D	Description			Qua	intity	UM Descrip	tion	Cost
00003	Personnel	MHP 3				000	001	Years		\$22,081.00
00001	Personnel	MHP 1				000	001	Years		\$10,500.00
00002	Personnel	MHP 2				000	001	Years		\$15,500.00
Date Submitted 06/02/2020	Vendor Na		Contract No.	Amend No.	Contract Period 07/01/2020	Method Procure	ment	Annual C	unt	Total Projected Amount \$48,081.00
06/02/2020	CHILDREN	N'S	RA21150761	00	06/30/2021	Reques Propo	sal	\$48,0		
Agency #	Agency N		Division	Δ	gency Conta	ct Name		cy Contact one No.		gency Contact -mail Address
0150	University of A for Medical So				TIM STEE	ELE		686-6133		imothyh@uams.edu
Item #	Category	Short D	Description			Qua	ntity	UM Descrip	tion	Cost
00001	Personnel	MHP 1				000	001	Years		\$31,202.00
00002	Personnel	MHP 2				000	001	Years		\$16,879.00
Date Submitted 06/02/2020	Vendor Na	HONY	Contract No. RA21150762	Amend No.	Contract Period 07/01/2020	Method Procure Reques	ement st for	Annual Co Amou \$43,710	nt	Total Projected Amount \$43,710.00
	MERCY CHILD	DRENS			06/30/2021	Propo		•		•
Agency #	Agency N	ame	Division	A	gency Conta	ct Name		cy Contact one No.	A(E	gency Contact -mail Address
0150	University of A for Medical So				TIM STEE	ELE		686-6133		imothyh@uams.edu
Item #	Category	Short D	Description			Qua	ntity	UM Descrip	tion	Cost
00001	Personnel	MHP 1				000	002	Years		\$21,855.00
Date Submitted	Vendor Na		Contract No.	Amend No.	Contract Period	Method Procure		Annual C		Total Projected Amount
06/02/2020	CHILDREN PROTECTION C	-	RA21150763	00	07/01/2020 06/30/2021	Reques Propo		\$43,71	0.00	\$43,710.00
Agency #	Agency N	ame	Division	Δ	gency Conta	ct Name		cy Contact one No.		gency Contact -mail Address
0150	University of A for Medical So				TIM STEE	ELE		686-6133	_	imothyh@uams.edu
Item #	Category	Short D	Description			Qua	intity	UM Descrip	tion	Cost

Date Submitted October Personnel Agency # Category # October Agency # Category # October Agency # October October Agency # October Agency # October Agency # Oc											
Agency # Agency Name	Submitted	CHILDRENS S	AFETY		No.	Period 07/01/2020	Procure Reques	ement st for	Amo	unt	Amount
Name							•		cy Contact	_	Agency Contact
Item #				Division	A			Ph	one No.		E-mail Address
Date Submitted October Octobe	0150					TIM STEE	ELE	501	-686-6133	steele	etimothyh@uams.edu
Date Submitted O6/02/2020 O6/02/2020 O7/01/2020	Item #	Category	Short I	Description			Qua	intity	UM Descrip	otion	Cost
Date Submitted OB/02/2020 CHILDRENS ABOUND CACY CNTR EASTERN ABOUND Arkansas for Medical Sciences Contract No. Amend OB/02/2021 Proposal S21,855.00	00001		MHP 1				00	001	Years		\$28,723.00
Contract No. No. Period Procurement Amount Amount Amount Amount Amount Amount Amount Amount Amount Agency # Agency Name Division Agency Contact Name Nam	00001	Expenses	Therap	by Supplies and T	raining		00	001	Years		\$1,000.00
Cate		Vendor Na	me	Contract No.							
Agency Agency Name Division Agency Contact Name Agency Contact Phone No. Solidadias Solida		ADVOCACY (CNTR	RA21150765		07/01/2020	Reques	st for			
Time	Agency #			Division	A		ct Name				
Date Submitted O6/02/2020 GRANDMAS HOUSE CHILDREN	0150	University of A	Arkansas			_					
Date Submitted O6/02/2020 GRANDMAS HOUSE CHILDREN	Item #	Category	Short I	Description			Qua	ıntitv	UM Descrip	otion	Cost
Submitted O6/02/2020 GRANDMAS HOUSE CHILDREN RA21150766 O0 O7/01/2020 Request for \$48,081.00 \$49,081.00 \$49,081.0	00001			-				-	-		\$21,855.00
O6/02/2020 GRANDMAS HOUSE CHILDREN RA21150766 CHILDREN 00 07/01/2020 06/30/2021 Request for Proposal \$48,081.00 \$40,000 \$40,000 \$40,000 <		Vendor Na	me	Contract No.							
Name Category Short Description State Short Description Cost				RA21150766		07/01/2020	Reques	st for			
No. Date Submitted	Agency #	Agency N	ame	Division	A	gency Conta	ct Name				
00001 Personnel MHP 1 00001 Years \$24,081.00 00002 Personnel MHP 2 00001 Years \$10,000.00 00003 Personnel MHP 3 00001 Years \$13,000.00 00001 Expenses Therapeutic Supplies/Travel & Training 00001 Years \$1,000.00 Date Submitted Submitted 06/02/2020 Vendor Name Contract No. RA21150767 Amend No. Period Procurement No. Period Procurement Request for Procurement Request for \$21,855.00 \$21,855.00 \$21,855.00 Agency # Agency Name Of Medical Sciences Division Agency Contact Name Proposal Agency Contact Name Phone No. Soli-686-6133 Agency Contact E-mail Address Steeletimothyh@uams.edu Item # Category Short Description Quantity UM Description Cost	0150										
00002 Personnel MHP 2 00001 Years \$10,000.00 00003 Personnel MHP 3 00001 Years \$13,000.00 00001 Expenses Therapeutic Supplies/Travel & Training 00001 Years \$1,000.00 Date Submitted O6/02/2020 Vendor Name HAMILTON HOUSE CHILD & FAMILY Contract No. Period Procurement O6/03/0/2021 Method of Procurement Proposal Annual Contract Amount Amount \$\frac{1}{2}\$ Amount \$\frac{1}{2}\$ Amount \$\frac{1}{2}\$ Amount \$\frac{1}{2}\$ Amount \$\frac{1}{2}\$ Amount \$\frac{1}{2}\$ Agency \$\frac{1}{2}\$ Agency \$\frac{1}{2}\$ Agency Contact Proposal \$21,855.00 <td>Item #</td> <td>Category</td> <td>Short I</td> <td>Description</td> <td></td> <td></td> <td>Qua</td> <td>intity</td> <td>UM Descrip</td> <td>otion</td> <td>Cost</td>	Item #	Category	Short I	Description			Qua	intity	UM Descrip	otion	Cost
Personnel MHP 3 00001 Years \$13,000.00	00001	Personnel	MHP 1				00	001	Years		\$24,081.00
Date Submitted 06/02/2020 HAMILTON HOUSE CHILD & FAMILY Agency # Agency Name University of Arkansas for Medical Sciences Therapeutic Supplies/Travel & Training 00001 Years \$1,000.00 Amend No. Period Procurement Procurement Procurement Procurement Amount \$21,855.00\$ RA21150767 00 07/01/2020 Request for Proposal \$21,855.00 \$21,855.00 Agency Contact Name Proposal Proposal Agency Contact Phone No. E-mail Address Steeletimothyh@uams.edu Total Projected Amount Amount \$21,855.00 \$21,855.00 Supplies/Travel & Training 00001 Total Projected Procurement Amount Amount Proposal \$21,855.00 \$21,855.00 Supplies/Travel & Total Projected Procurement Proposal \$21,855.00 \$21,855.00 Supplies/Travel & Total Projected Procurement Proposal \$21,855.00 \$	00002	Personnel	MHP 2	2			00	001	Years		\$10,000.00
Date Submitted 06/02/2020 HAMILTON HOUSE CHILD & FAMILY Agency # Agency Name Division O150 University of Arkansas for Medical Sciences Category Cate	00003	Personnel	MHP 3	3			00	001	Years		\$13,000.00
Submitted 06/02/2020 HAMILTON HOUSE CHILD & FAMILY Agency # Agency Name 0150 University of Arkansas for Medical Sciences Contract No. No. Period Procurement Amount Seriod Seri	00001	Expenses	Therap	peutic Supplies/Tr	avel & Tra	aining	00	001	Years		\$1,000.00
Agency # Agency Name Division Agency Contact Name Phone No. University of Arkansas for Medical Sciences Odd/30/2021 Proposal Agency Contact Name Phone No. TIM STEELE 501-686-6133 Steeletimothyh@uams.edu Quantity UM Description Cost	Submitted			Contract No.		Period	Procure	ment	Amo	unt	Amount
O150 University of Arkansas TIM STEELE 501-686-6133 steeletimothyh@uams.edu for Medical Sciences Item # Category Short Description Quantity UM Description Cost	06/02/2020			RA21150767	00		•		\$21,85	55.00	\$21,855.00
0150 University of Arkansas TIM STEELE 501-686-6133 steeletimothyh@uams.edu for Medical Sciences Item # Category Short Description Quantity UM Description Cost	Agency #	Agency N	ame	Division	A	gency Conta	ct Name				
	0150					TIM STEE	ELE				
	Item #	Category	Short I	Description			Qua	intity	UM Descrip	otion	Cost
	00001			-				-	-		\$21,855.00

Date Submitted	Vendor Na	me	Contract No.	Amend No.	Contract Period	Method Procurer		Annual Co Amou		Total Projected Amount
06/02/2020	CHILDREN ADVOCACY C	TR OF	RA21150768	00	07/01/2020 06/30/2021	Request Propos		\$19,077	7.00	\$19,077.00
Agency #	INDEPEN Agency N		Division	A	gency Conta	ct Name		cy Contact		gency Contact
0150	University of A for Medical So				TIM STEE	ELE		one No. 686-6133		i-mail Address timothyh@uams.edu
Item #	Category	Short I	Description			Quai	ntity	UM Descript	ion	Cost
00001	Personnel	MHP 1				000	001	Years		\$18,077.00
00001	Expenses	Therap	peutic Supplies ar	nd Resour	ces	000	001	Years		\$1,000.00
Date	Vendor Na	ma	Contract No.	Amend	Contract	Method	d of	Annual Co	ntract	Total Projected
Submitted	NORTHEA			No.	Period	Procurer		Amou		Amount
06/02/2020	ARKANSA CHILDRENS	S	RA21150769	00	07/01/2020 06/30/2021	Request Propos	sal	\$17,484		\$17,484.00
Agency #	Agency N	_	Division	A	gency Conta	ct Name		cy Contact one No.		gency Contact -mail Address
0150	University of A for Medical So				TIM STEE	ELE		686-6133		timothyh@uams.edu
Item #	Category	Short I	Description			Quai	ntity	UM Descript	ion	Cost
00001	Personnel	MHP 1	•			000	-	Years		\$15,736.00
00001	Expenses	Traum	a Training			000	001	Years		\$1,748.00
Date Submitted	Vendor Na	me	Contract No.	Amend No.	Contract Period	Method Procurer		Annual Co Amou		Total Projected Amount
06/02/2020	PERCY & DO MALONE CH	HLD	RA21150770	00	07/01/2020 06/30/2021	Request Propos		\$48,081	1.00	\$48,081.00
Agency #	SAFETY Agency N		Division	A	gency Conta	ct Name		cy Contact one No.		gency Contact -mail Address
0150	University of A for Medical So				TIM STEE	ELE		686-6133		timothyh@uams.edu
Item #	Category	Short I	Description			Quai	ntity	UM Descript	ion	Cost
00001	Personnel	MHP 1				000	001	Years		\$24,872.00
00002	Personnel	MHP 2	2			000	001	Years		\$20,085.00
00002	Expenses	Therap	oy Supplies			000	001	Years		\$624.00
00001	Expenses	Traum	a Training and re	lated expe	ense	000	001	Years		\$2,500.00
Date	Vendor Na	me	Contract No.	Amend	Contract	Method		Annual Co	ntract	Total Projected
Submitted 06/02/2020	CHILDREN ADVOCACY CI	l'S	RA21150771	No. 00	Period 07/01/2020	Procurer Request Propos	t for	Amou i \$48,081		Amount \$48,081.00
Agency #	OF PIN Agency N		Division	Δ	06/30/2021 Agency Conta	•	Agend	cy Contact		gency Contact
0150	University of A for Medical So	rkansas			TIM STEE			one No. 686-6133		-mail Address timothyh@uams.edu
Item #	Category	Short I	Description			Quai	ntitv	UM Descript	ion	Cost
00001	Personnel	MHP 1	-			000	-	Years	- '	\$44,325.00
00003	Expenses		oeutic Toys/Art Su	upplies		000		Years		\$1,000.00
00002	Expenses	=	T Booklets/MH Li	-		000		Years		\$2,000.00
00001	Expenses	Therap	oist Travel - Onsit	e Services	S	000	001	Years		\$756.00
		-								

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Date Submitted	Vendor Na		Contract No.	Amend No.	Contract Period	Method Procure	ment	Annual Co Amou	nt	Total Projected Amount
06/02/2020	ADVOCACY C	_	RA21150772	00	07/01/2020 06/30/2021	Reques Propo		\$43,710	0.00	\$43,710.00
Agency #	Agency N	ame	Division	A	gency Conta	ct Name		cy Contact one No.		Agency Contact E-mail Address
0150	University of A				TIM STEE	LE		686-6133		etimothyh@uams.edu
	for Medical So	ciences								
Item #	Category	Short D	Description			Qua	ntity	UM Descript	tion	Cost
00001	Personnel	MHP 1				000	001	Years		\$20,000.00
00002	Personnel	MHP 2				000	001	Years		\$20,000.00
00003	Personnel	MHP 3				000	001	Years		\$3,710.00
Date	Vendor Na	me	Contract No.	Amend	Contract	Metho		Annual Co		Total Projected
Submitted 06/02/2020	SOUTH ARKA		RA21150773	No. 00	Period 07/01/2020	Procure Reques		Amou \$34,470		Amount \$34,470.00
00/02/2020	CHILDRE	NS	KAZ1150773	00	06/30/2021	Propo		ψ0+,+7	5.00	φοτ,τι σ.σσ
Agency #	COALITIC Agency N		Division	A	gency Conta	ct Name		cy Contact	,	Agency Contact
0150	University of A				TIM STEE			one No. 686-6133		E-mail Address etimothyh@uams.edu
	for Medical So	ciences								•
Item #	Category	Short D	Description			Qua	ntity	UM Descript	tion	Cost
00001	Personnel	MHP 1				000	001	Years		\$22,691.00
00002	Personnel	MHP 2				000	001	Years		\$11,279.00
00001	Expenses	Therap	y Supplies & Boo	oks		000	001	Years		\$500.00
Date Submitted	Vendor Na	me	Contract No.	Amend No.	Contract Period	Method Procure		Annual Co Amou		Total Projected Amount
06/02/2020	TEXARKA		RA21150774	00	07/01/2020	Reques	t for	\$48,081		\$48,081.00
	CHILDREN ADVOCACY	_			06/30/2021	Propo				•
Agency #	Agency N		Division	A	gency Conta	ct Name		cy Contact one No.		Agency Contact E-mail Address
0150	University of A for Medical So				TIM STEE	LE	501-	686-6133	steele	etimothyh@uams.edu
Item #	Category	Short D	Description			Qua	ntity	UM Descript	tion	Cost
00001	Personnel	MHP 1	•			000	-	Years		\$17,527.00
00002	Personnel	MHP 2				000	001	Years		\$30,400.00
Date				Amend	Contract	Metho	d of	Annual Co	ntract	Total Projected
Submitted	Vendor Na		Contract No.	No.	Period	Procure	ment	Amou	nt	Amount
06/02/2020	WADE KNO CHILDREN		RA21150775	00	07/01/2020 06/30/2021	Reques Propo		\$21,855	5.00	\$21,855.00
A	ADVOCACY (CENT	District			-		cy Contact		Agency Contact
Agency #	Agency N		Division	A	gency Conta		Ph	one No.	I	E-mail Address
0150	University of A for Medical So				TIM STEE	LE	501-	686-6133	steele	etimothyh@uams.edu
Item #	Category	Short D	Description			Qua	ntity	UM Descript	tion	Cost
00001	Personnel	MHP 1	•			000	-	Years		\$18,169.50
00002	Personnel	MHP 1				000	001	Years		\$1,500.00

Date Submitted 06/02/2020	Vendor Na WHITE COU		Contract No. RA21150776	Amend No.	Contract Period 07/01/2020	Method Procure Reques	ment	Annual C Amo \$48,0	ount	Total Projected Amount \$48,081.00
	CHILDREN SA CENT	FETY			06/30/2021	Propo				
Agency #	Agency Na	ame	Division	A	gency Conta	ct Name	_	cy Contact one No.		Agency Contact E-mail Address
0150	University of A for Medical Sc				TIM STEE	ELE		686-6133	steel	etimothyh@uams.edu
Item #	Category	Short !	Description			Qua	intity	UM Descrip	ption	Cost
00001	Personnel	MHP 1				000	001	Years		\$33,000.00
00002	Personnel	MHP 1				000	001	Years		\$15,081.00
Date Submitted	Vendor Na	me	Contract No.	Amend No.	Contract Period	Method Procure		Annual C		Total Projected Amount
05/20/2020	PAMELA T F	FITE	4600035766	04	10/01/2015 06/30/2021	Competiti		\$16,00		\$86,250.00
Agency #	Agency Na	ame	Division	A	gency Conta	ct Name		cy Contact one No.		Agency Contact E-mail Address
0204	Alcohol/Drug Counseld				Pamela F	ite		295-1100	sk	peadac@gmail.com
Item #	Category	Short	Description			Qua	intity	UM Descrip	ption	Cost
	Category	SHOLL	Description			Quu	-		P C	
00010	Services	The Adı not lim other c	ministrator with jo ited to, notificatio luties assigned by ng reimbursable e	n of Board y the Boar	d meetings, & rd Chair &		009	Months	-	\$8,250.00
		The Adi not lim other c includi	ministrator with jo ited to, notificatio luties assigned by	n of Board y the Boar	d meetings, & rd Chair &		d of	-	Contract	
00010 Date	Services	The Adr not lim other o includin	ministrator with jo ited to, notificatio duties assigned by ng reimbursable e	n of Board y the Boar expenses. Amend	d meetings, & rd Chair &	000 Metho	d of ement st for	Months Annual (Contract	Total Projected
00010 Date Submitted	Vendor Na KAREN A HY	The Adr not lim other c includir me	ministrator with jo ited to, notificatio duties assigned by ng reimbursable contract No.	n of Board y the Board expenses. Amend No. 00	d meetings, & rd Chair & Contract Period 06/19/2020	Methodo Procure Reques Qualifica	d of ment st for ations	Annual (Amc \$46,0	Contract	Total Projected Amount \$322,000.00 Agency Contact
00010 Date Submitted 05/29/2020	Services Vendor Na	The Adi not lim other of including me 'ATT	ministrator with jo ited to, notificatio duties assigned by ng reimbursable contract No. 4600046720	n of Board y the Board expenses. Amend No. 00	Contract Period 06/19/2020 06/18/2021	Method Procure Reques Qualifica	d of ment st for ations Agend Pho	Annual (Amc \$46,0 cy Contact one No.	Contract count 000.00	Total Projected Amount \$322,000.00
Date Submitted 05/29/2020 Agency #	Vendor Na KAREN A HY	The Adr not lim other c includin me 'ATT ame ursing	ministrator with jo ited to, notificatio duties assigned by ng reimbursable contract No. 4600046720	n of Board y the Board expenses. Amend No. 00	Contract Period 06/19/2020 06/18/2021 agency Conta	Methode Procure Request Qualificated Name OSSEtt	d of ment st for ations Agend Pho	Annual (Amc \$46,0 cy Contact one No.	Contract ount 000.00	Total Projected Amount \$322,000.00 Agency Contact E-mail Address
Date Submitted 05/29/2020 Agency # 0277	Vendor Na KAREN A HY Agency Na Board of Nu	The Addroid not lim other of including the control of the control	ministrator with jo ited to, notificatio duties assigned by ng reimbursable contract No. 4600046720 Division	n of Board y the Board expenses. Amend No. 00	Contract Period 06/19/2020 06/18/2021 agency Conta	Method Procure Reques Qualificant Name ossett	d of ment st for ations Agend Pho 501-	Annual (Amo \$46,0 cy Contact one No.	Contract bunt 000.00 wendy.g	Total Projected Amount \$322,000.00 Agency Contact E-mail Address ossett@dfa.arkansas.gov
Date Submitted 05/29/2020 Agency # 0277 Item #	Vendor Na KAREN A HY Agency Na Board of Nu Category	The Adinot lim other coincludinother coincludi	ministrator with jo ited to, notificatio duties assigned by ng reimbursable contract No. 4600046720 Division Description	n of Board y the Board expenses. Amend No. 00	Contract Period 06/19/2020 06/18/2021 Agency Conta Wendy C G	Method Procure Reques Qualificant Name ossett	d of ment st for ations Agence Pho 501-3	Annual C Amo \$46,0 cy Contact one No. :371-6070	Contract bunt 000.00 wendy.g	Total Projected Amount \$322,000.00 Agency Contact E-mail Address lossett@dfa.arkansas.gov Cost \$1.00
Date Submitted 05/29/2020 Agency # 0277 Item # 00001	Vendor Na KAREN A HY Agency Na Board of Nu Category Services	The Addington the rotation of	ministrator with jo ited to, notificatio duties assigned by ng reimbursable contract No. 4600046720 Division Description SERVICE,NURS	Amend E INVEST	Contract Period 06/19/2020 06/18/2021 Agency Conta Wendy C G	Methode Procure Request Qualificated Name Ossett Qual 460	d of ment st for ations Agence Pho 501-3	Annual (Amo \$46,0 cy Contact one No. 371-6070 UM Descrip Hours Annual (Amo	Contract bunt 000.00 wendy.g	Total Projected Amount \$322,000.00 Agency Contact E-mail Address lossett@dfa.arkansas.gov Cost \$1.00 Total Projected
Date Submitted 05/29/2020 Agency # 0277 Item # 00001 Date Submitted	Vendor Na KAREN A HY Agency Na Board of Nu Category Services Vendor Na OAKLAWN CE	The Addraward Important Im	ministrator with jo ited to, notificatio duties assigned by ng reimbursable of Contract No. 4600046720 Division Description SERVICE,NURS Contract No.	Amend No. 00	Contract Period 06/19/2020 06/18/2021 Agency Conta Wendy C G FIGATION Contract Period 07/01/2020	Methor Procure Reques Qualificant Name ossett Qua 460 Methor Procure Reques Qualificant	d of ment st for 501-3	Annual C Amo \$46,0 cy Contact one No. 371-6070 UM Descrip Hours Annual C Amo \$18,0 cy Contact	Contract wendy.g	Total Projected Amount \$322,000.00 Agency Contact E-mail Address ossett@dfa.arkansas.gov Cost \$1.00 Total Projected Amount \$126,000.00 Agency Contact
Date Submitted 05/29/2020 Agency # 0277 Item # 00001 Date Submitted 06/02/2020	Vendor Na KAREN A HY Agency Na Board of Nu Category Services Vendor Na OAKLAWN CE ON AGING	The Address of the received including the rec	ministrator with jo ited to, notification duties assigned by any reimbursable of the contract No. 4600046720 Division Description SERVICE,NURS Contract No. 4600046605	Amend No. 00	Contract Period 06/19/2020 06/18/2021 Agency Conta Wendy C Gr FIGATION Contract Period 07/01/2020 06/30/2024	Methodor Procure Reques Qualificant Name ossett Qua 460 Methodor Procure Reques Qualificant Name	d of ment st for 501-3	Annual C Amo \$46,0 cy Contact one No. 371-6070 UM Descrip Hours Annual C Amo \$18,0	Contract wendy.g	Total Projected Amount \$322,000.00 Agency Contact E-mail Address ossett@dfa.arkansas.gov Cost \$1.00 Total Projected Amount \$126,000.00
Date Submitted 05/29/2020 Agency # 0277 Item # 00001 Date Submitted 06/02/2020 Agency #	Vendor Na KAREN A HY Agency Na Board of Nu Category Services Vendor Na OAKLAWN CE ON AGING Agency Na	The Addraward Important Im	ministrator with jo ited to, notification duties assigned by any reimbursable of the contract No. 4600046720 Division Description SERVICE,NURS Contract No. 4600046605	Amend No. 00	Contract Period 06/19/2020 06/18/2021 Gency Contact Wendy C Gr FIGATION Contract Period 07/01/2020 06/30/2024 Gency Contact Gency Contact Contract Contrac	Methode Procure Request Qualification Methode Procure Request Qualification Methode Procure Request Qualification Name	d of ment st for 501-3	Annual C Amo \$46,0 cy Contact one No. 371-6070 UM Descrip Hours Annual C Amo \$18,0 cy Contact one No.	Contract ount Occupation Contract ount Occupation Contract ount Occupation BECK	Total Projected Amount \$322,000.00 Agency Contact E-mail Address ossett@dfa.arkansas.gov Cost \$1.00 Total Projected Amount \$126,000.00 Agency Contact E-mail Address Y.CROW@ARKANSAS.

Date Submitted 06/02/2020	Vendor Nar OAKLAWN CE ON AGING I	NTER	Contract No. 4600046604	Amend No. 00	Contract Period 07/01/2020 _{To} 06/30/2024	Method Procure Reques Qualifica	ment st for	Amo	Contract ount 00.00	Total Projected Amount \$42,000.00
Agency #	Agency Na	ıme	Division	_	Agency Conta	ct Name		y Contact		Agency Contact
0425	Insurance Dep		Division	,	Becky Cr			one No. 371-2612		E-mail Address C.CROW@ARKANSAS. GOV
Item #	Category	Short I	Description			Qua	ntity	UM Descr	iption	Cost
00001	Personnel	PRO S	SERVICE,COMPE	NSATIO	N FEE	060	000	Lump S	um	\$1.00
Date Submitted 06/02/2020	Vendor Nar	SOF	Contract No. 4600046014	Amend No.	Contract Period 07/01/2020	Method Procured Reques	ment st for	Am	Contract ount 28.57	Total Projected Amount \$45,000.00
	CHARITY SERV OF AR	VICES			06/30/2024	Qualifica		y Contact		Agency Contact
Agency #	Agency Na	ıme	Division	F	Agency Conta	ct Name		one No.		E-mail Address
0425	Insurance Dep	artment			Becky Cr	OW	501-3	371-2612	BECKY	/.CROW@ARKANSAS. GOV
Item #	Category	Short I	Description			Qua	ntity	UM Descr	iption	Cost
00001	Personnel	PRO S	SERVICE,COMPE	NSATIO	N FEE	064	429	Lump S	um	\$1.00
Date Submitted 06/02/2020	Vendor Nar UNIVERSITY ARKANSAS-ME	OF DICAL	Contract No. 4600046013	Amend No. 00	Contract Period 07/01/2020 06/30/2024	Method Procured Reques Qualifica	ment st for	Amo	Contract ount 000.00	Total Projected Amount \$70,000.00
Agency #	SCIENCES Agency Na	-	Division	A	Agency Conta	ct Name		y Contact		Agency Contact
0425	Insurance Dep				Becky Cr			one No. 371-2612		E-mail Address C.CROW@ARKANSAS. GOV
Item #	Category	Short I	Description			Qua	ntity	UM Descr	iption	Cost
00001	Personnel	PRO S	SERVICE,COMPE	NSATIO	N FEE	100	000	Lump S	um	\$1.00
Date Submitted	Vendor Nar		Contract No.	Amend No.	Contract Period	Method Procure			Contract ount	Total Projected Amount
06/02/2020	UNIVERSITY ARKANSAS-ME	DICAL	4600046011	00	07/01/2020 06/30/2024	Reques Qualifica		\$17,	142.86	\$120,000.00
							Agenc	y Contact		Agency Contact
Agency #	SCIENCES		Division	4	Agency Conta	ct Name				
Agency # 0425		ame	Division	Į.	Agency Conta Becky Cr		Pho	one No. 371-2612		E-mail Address /.CROW@ARKANSAS. GOV
	SCIENCES Agency N a	ame artment	Division Description	F	•		Pho 501-3	ne No.	BECKY	E-mail Address C.CROW@ARKANSAS.

Date Submitted 05/01/2020	Vendor Na i AREA AGENC AGING OI	Y ON F	Contract No. 4600045997	Amend No. 00	Contract Period 07/01/2020 To 06/30/2024	Metho Procure Reques Qualifica	ment st for	Amo	Contract ount 714.29	Total Projected Amount \$180,000.00
Agency #	SOUTHWE Agency Na		Division	,	Agency Conta	act Name	Agend	y Contact		Agency Contact
0425	Insurance Dep		DIVISION	,	Becky C			one No. 371-2612	BECK	E-mail Address Y.CROW@ARKANSAS. GOV
Item #	Category	Short	Description			Qua	ntity	UM Descr	iption	Cost
00001	Personnel	PRO S	SERVICE,COMPE	NSATIO	N FEE	25	714	Lump S	Sum	\$1.00
Date Submitted	Vendor Nai		Contract No.	Amend No.	Period	Metho Procure	ment		Contract ount	Total Projected Amount
05/07/2020	PETTIT & PE CONSULTII		4600031533	07	11/15/2013 To	ABA Cr	iteria	\$10,	680.05	\$105,000.00
Agency #	ENGINEERS Agency Na	INC	Division	1	11/15/2020 Agency Conta	act Name		cy Contact		Agency Contact
0510	School for the		211101011		BREONDA H			one No. 603-3527	Breonda	E-mail Address a.Hodges@asb.k12.ar.us
						02020			2.00	an rougeo o acom rando
Item # 00001	Category Personnel		Description SERVICE, ENGIN	EER		Qua 8500	intity 00	UM Descr Lump S	-	Cost \$1.00
Date Submitted 05/15/2020	Vendor Na i UNIVERSITY	OF	Contract No. 4600031713	Amend No. 07	Period 07/01/2014	Metho Procure Intergover	ment	Amo	Contract ount 577.60	Total Projected Amount \$98,667.60
	ARKANSAS-ME SCIENCE	_			то 06/30/2021		_	•		
Agency #	Agency Na	_	Division	A	Agency Conta	act Name		cy Contact one No.		Agency Contact E-mail Address
0510	School for the	e Blind			BREONDA H	ODGES		603-3527	breonda	a.hodges@asb.k12.ar.us
Item # 00001	Category Personnel		Description SERVICE, MEDIC	AL INTE	R-AGENCY	Qua 986	intity 667	UM Descr Lump S		Cost \$1.00
Date Submitted 05/08/2020	Vendor Na DR KENNAN I		Contract No. 4600044727	Amend No. 01	Contract Period 07/01/2019	Metho Procure Invitation	ment	Am	Contract ount 750.00	Total Projected Amount \$306,250.00
				•	06/30/2021			, -,		
Agency #	Agency Na	ame	Division	ı	Agency Conta	act Name		cy Contact one No.		Agency Contact E-mail Address
0510	School for the	e Blind			Heather V.	Bailey		324-9320	heather.	bailey@dfa.arkansas.gov
16	0-1	Object	December			•		LIM D	in the	0.00
Item #	Category		Description	Λ.Ι.		Qua 437	i ntity 50	UM Descr Lump S	•	Cost \$1.00
00001	Personnel Personnel		SERVICE, MEDICA SERVICE, MEDICA			318		Lump S		\$1.00
00002	. 0.00111101		,							

Date Submitted 05/07/2020	Vendor Name HUGO MORAIS MD	Contract No. 4600041754	Amend No. 03	Contract Period 02/01/2018 06/30/2021	Method Procurer Competitive	ment	Amo	Contract ount 600.00	Total Projected Amount \$305,200.00
Agency #	Agency Name	Division		Agency Conta	act Name		y Contact		Agency Contact
0510	School for the Blind			BREONDA H			one No. 603-3527	Breonda	E-mail Address a.Hodges@asb.k12.ar.us
Item # 00001 00002	Personnel PRO	Description SERVICE, PSYCH SERVICE, PSYCH				ntity 024 090	UM Descr i Each Hours	iption	Cost \$500.00 \$120.00
Date Submitted 05/29/2020	Vendor Name UNIVERSITY OF ARKANSAS-MEDICAL	Contract No. 4600031716	Amend No. 07	Contract Period 07/01/2014 To 06/30/2021	Method Procured Intergovern	ment	Annual (Amo \$14,5		Total Projected Amount \$98,670.10
Agency #	SCIENCES Agency Name	Division		Agency Conta	act Name		y Contact one No.		Agency Contact E-mail Address
0513	School for the Deaf			Beth Bal	lard		246-8482	bba	allard@asd.k12.ar.us
Item # 00001		Description SERVICE, MEDIC	AL, INTE	R-AGENCY	Qua 1455	-	UM Descri Lump (Cost \$1.00
Date Submitted 05/26/2020	Vendor Name MANGAN HOLCOMB PARTNERS	Contract No. 4600037264	Amend No. 03	Contract Period 06/20/2016 To 06/30/2021	Method Procurer Coopera Contra	ment ative	Annual (Amo \$33,0		Total Projected Amount \$211,700.00
Agency #	Agency Name	Division		Agency Conta	act Name		y Contact		Agency Contact
0520	Department of Career Education - Arkansas Rehabilitation Services			Chip McA			one No. 682-5953	charles	E-mail Address s.mcafee@arkansas.gov
Item # 00001	Services TECH	Description I SERVICE, WEB GN/MANAGEMEN			Qua i 330	•	UM Descr i Each	ption	Cost \$1.00
Date Submitted	Vendor Name	Contract No.	Amend No.	Contract Period	Method Procure			Contract ount	Total Projected Amount
06/02/2020	STEPHEN A DILLON JR	4600043352	02	08/30/2018 08/31/2021	Competitiv	ve Bid	\$34,8	800.00	\$243,600.00
Agency #	Agency Name	Division		Agency Conta	act Name		y Contact one No.		Agency Contact E-mail Address
0630	Department of Finance & Administration - Revenue Services			TERESA (CASE		324-9137	teresa.	case@dfa.arkansas.gov
Item #	Category ion Short	Description			Qua	ntity	UM Descr	iption	Cost
00001	Services TECH	I SERVICE,LAWN	CARE		000	036	each		\$2,900.00

Date Submitted 06/01/2020	Vendor Na JOANNE CAR LABELLE	NEY	Contract No. 4600043484	Amend No. 02	Contract Period 11/01/2018 06/30/2021	Method Procure Small C	ment	Annual (Amo \$20,0		Total Projected Amount \$140,000.00
Agency #	Agency Na	ıme	Division		Agency Conta	ct Name		y Contact		gency Contact
0645	Arkansas Dep of Healtl	artment			NICHOLE BF			one No. 280-4603		E-mail Address brewer@arkansas.gov
Item # 00001	Category Personnel		Description SERVICE, EDUC	ATION		Qua 200	ntity 00	UM Descri Lump		Cost \$1.00
Date Submitted 05/15/2020	Vendor Nai UNIVERSITY ARKANSAS AT	OF	Contract No. 4600042397	Amend No. 02	Contract Period 07/01/2018 To 06/30/2021	Method Procure Intergovern	ment		Contract ount 000.00	Total Projected Amount \$140,000.00
Agency #	RO Agency N a	me	Division		Agency Conta	oct Name		y Contact		gency Contact
0665	Health Services			•	TRACI HA			one No. 661-2197		E-mail Address arris@arkansas.gov
Item # 00001	Category Services		Description SERVICE, DATA	PROCE	SSING	Qua 200	ntity 100	UM Descr i Lump Si		Cost \$1.00
Date Submitted 05/29/2020	Vendor Nar ARKANSA OPTOMETF	S	Contract No. 4600037372	Amend No. 04	Contract Period 07/01/2016	Method Procure Competiti	ment	Am	Contract ount 700.00	Total Projected Amount \$270,900.00
Agonov #	ASSOCIATION	ON	Division		06/30/2021	ot Nama	Agend	y Contact	Α	gency Contact
Agency # 0710	Agency Na Arkansas Dep of Human Se	artment	Division of Me Services		Agency Conta BRANDI BE			one No. 320.6476		E-mail Address rmu@arkansas.gov
Item # 00001	Category Personnel		Description SERVICE, MEDIC	CAL		Qua 122	ntity 100	UM Descr i Lump S		Cost \$1.00
Date Submitted	Vendor Nar		Contract No.	Amend No.	Contract Period	Method Procure	ment	Am	Contract	Total Projected Amount
05/18/2020	OJS SERVICE INC	TWO	4600037783	04	06/28/2016 06/30/2021	Competiti	ve Bid	\$31,	664.16	\$221,646.60
Agency #	Agency Na	ıme	Division		Agency Conta	act Name		cy Contact		gency Contact E-mail Address
0710	Arkansas Dep of Human Se	artment	Division of Co Operations	unty	BRANDI BE			one No. 320-6476	· -	rmu@arkansas.gov
Item # 00001	Category Services		Description SERVICE, JANIT	ORIAL		Qua 000	ntity 60	UM Descri Months	iption	Cost \$2,638.65

Date Submitted 05/06/2020	Vendor Nam JEWEL H HAR PLLC		Contract No. 4600038364	Amend No. 05	Contract Period	Method Procured Reques Qualifica	nent t for	Am	Contract ount 700.00	Total Projected Amount \$258,050.00
Agency #	Agency Na	me	Division		Agency Conta	ct Name		cy Contact		Agency Contact
0710	Arkansas Depa		Division of Co		BRANDI BEI			one No. 320-6576	Brandi	E-mail Address i.Bensen@arkansas.gov
00	of Human Ser		Operations	•	DIVANDI DEI	VOLIV	301-	320-0370	Diana	i.bensen@arkansas.gov
Item # 00001 00002	Category Personnel Expenses	PRO S	Description SERVICE, MEDIC BEXP MEDICAL/		SERVICES	Qua i 162 16		UM Descri Lump : Lump :	Sum	Cost \$1.00 \$1.00
Date Submitted 05/22/2020	Vendor Nam JAMES H PHILLI		Contract No. 4600038365	Amend No. 05	Contract Period 10/01/2016 To 06/30/2021	Method Procured Reques Qualifica	nent t for tions	\$39,7	Contract ount 700.00	Amount \$258,050.00
Agency #	Agency Na	me	Division		Agency Contact	ct Name		cy Contact one No.		Agency Contact E-mail Address
0710	Arkansas Depa of Human Ser		Division of Pro Services & Qu		BRANDI BEI	NSEN		320-6576	dhs	s.rmu@arkansas.gov
Item # 00001 00002	Category Personnel Expenses	PRO S	Description ERVICE, MEDIC EXP MEDICAL/		SERVICES	Qua 162 16		UM Descri Lump S Lump S	Sum	Cost \$1.00 \$1.00
Date Submitted 05/15/2020	Vendor Nam NATHAN BRAD ROBINSON	DLEY	Contract No. 4600038643	Amend No. 04	Contract Period 10/21/2016	Method Procurer Competition	nent	Annual C Amo \$31,9	unt	Total Projected Amount \$223,332.70
					06/30/2021		Agenc	cy Contact		Agency Contact
Agency #	Agency Na	me	Division		Agency Contac	ct Name		one No.		E-mail Address
0710	Arkansas Depa of Human Ser		Division of Co Operations		BRANDI BEI	NSEN	501-	320-6476	Brandi.B	Bensen@dhs.arkansas.gov
Item # 00002	Category Services		Description SERVICE, JANIT	ORIAL		Qua 0006	•	UM Descri Months		Cost \$2,658.72
Date Submitted	Vendor Nam	ne	Contract No.	Amend No.	Contract Period	Method Procure		Annual C		Total Projected Amount
05/18/2020	STANLEY M JA BELL	ACK	4600041253	04	09/15/2017 To 06/30/2021	Reques Qualifica		\$39,7	00.00	\$158,800.00
Agency #	Agency Na	me	Division		Agency Contact	ct Name	_	cy Contact one No.		Agency Contact E-mail Address
0710	Arkansas Depa of Human Ser		Division of Pro Services & Qu		BRANDI BEI	NSEN		320-6576	dh	s.rmu@arkansas.gov
Item #	Category	Short [Description			Qua	ntitv	UM Descri	ption	Cost
	- 3 - ,		•				•		•	= -
00001	Personnel	PRO S	ERVICE, MEDIC	AL		1440	000	Lump S	Sum	\$1.00 \$1.00

Date Submitted 05/08/2020	Vendor Na JOHNNY RAY I		Contract No. 4600042082	Amend No. 03	Contract Period 07/01/2018 06/30/2021	Methodo Procure Competiti	ment ve Bid	Annual Co Amou \$6,138	u nt 3.72	Total Projected Amount \$42,971.04
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 Co Operations		BRANDI BE	NSEN		3206476		rmu@arkansas.gov
Item #	Category	Short I	Description			Qua	ntity	UM Descrip	tion	Cost
00001	Services	TECH	SERVICE,JANIT	ORIAL		000	012	Months		\$511.56
Date Submitted 05/15/2020	Vendor Na AMERICA		Contract No. 4600042083	Amend No.	Period 07/01/2018	Methodore Procure	ment	Annual Co Amou \$7,404	ınt	Total Projected Amount \$51,833.88
	JANITORIAL	. INC			06/30/2021					
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 Co Operations		Ray Staff	ord		682-6562		ord@dhs.arkansas.gov
Item #	Category	Short I	Description			Qua	ntity	UM Descrip	tion	Cost
00001	Services	TECH	SERVICE,JANIT	ORIAL		000	012	Months		\$617.07
Date Submitted 05/15/2020	Vendor Na AMERICA JANITORIAL	۸N	Contract No. 4600042246	Amend No. 02	Contract Period 07/01/2018 06/30/2021	Method Procure Competiti	ment	Annual Co Amou \$16,87	ınt	Total Projected Amount \$118,099.80
Agonov #			Division			at Nama	Agend	cy Contact	A	gency Contact
Agency # 0710	Agency Na		Division		Agency Conta		Pho	one No.	E	E-mail Address
0710	Arkansas Dep of Human Se		Division of Co Operations	,	Ray Staff	ora	501-6	682-6562	ray.stam	ord@dhs.arkansas.gov
Item # 00001	Category Services		Description SERVCE, JANIT	ORIAL		Qua 000	ntity 36	UM Descrip Months	tion	Cost \$1,405.95
Date Submitted	Vendor Na	me	Contract No.	Amend No.	Contract Period	Metho Procure		Annual Co Amou		Total Projected Amount
05/19/2020	MICHAEL J L	_OTT	4600042252	02	07/01/2018 06/30/2021	Competiti	ve Bid	\$28,03	9.44	\$196,276.08
Agency #	Agency Na	ame	Division		Agency Conta	ct Name		cy Contact		gency Contact
0710	Arkansas Dep of Human Se	artment	Division of Co Operations	unty	BRANDI BE			one No. 320-6476		E-mail Address rmu@arkansas.gov
Item # 00001	Category Services		Description SERVCE, JANIT	ORIAL		Qua 000	ntity 36	UM Descrip Months	tion	Cost \$2,336.62

Date Submitted 05/15/2020	Vendor Name JAYS TRASH SER\ LLC	00111140111101	Amend No. 02	Contract Period 10/01/2018 06/30/2021	Method Procure Competitiv	ment	Annual Co Amour \$23,400	nt	Total Projected Amount \$163,800.00
Agency #	Agency Name	e Division	A	gency Conta	ct Name		cy Contact		gency Contact
0710	Arkansas Departi of Human Servi			BRANDI BE			one No. 320-6476		-mail Address mu@arkansas.gov
Item # 00001		Short Description TECH SERVCE, WASTI	E DISPO	SAL	Qua 000	ntity 136	UM Descript i Months	on	Cost \$1,950.00
Date Submitted 06/03/2020	Vendor Name LARRY MILLER		Amend No. 02	Contract Period 11/01/2018 06/30/2021	Method Procure Competiti	ment	Annual Co Amoui \$19,200	nt	Total Projected Amount \$128,000.00
Agency #	Agency Name	e Division	A	gency Conta	ct Name		cy Contact one No.		gency Contact -mail Address
0710	Arkansas Departi of Human Servi		,	BRANDI BE	NSON		320-6476		mu@arkansas.gov
Item # 00001		Short Description TECH SERVCE, JANITO	ORIAL		Qua 000	•	UM Descript i Months	on	Cost \$1,600.00
Date Submitted 05/14/2020	Vendor Name CONWAY COUN' COMMUNITY SERV	TY 4600043767	Amend No. 03	Contract Period 01/01/2019	Method Procure Reques Qualifica	ment t for	Annual Co Amou \$16,074	nt	Total Projected Amount \$132,200.63
A	INC			06/30/2021			cy Contact	Α	gency Contact
Agency # 0710	Agency Name Arkansas Departi of Human Service	ment Division of Ag	ing	agency Conta BRANDI BE		Pho	one No. 320-6476	E	i-mail Address mu@arkansas.gov
Item # 00001	Personnel F	Short Description PRO SERVICE, ASSESS HEALTH	SMENT,	MENTAL	Qua 1322	-	UM Descript i Each	on	Cost \$1.00
Date Submitted	Vendor Name		Amend No.	Contract Period	Method Procure		Annual Co Amour		Total Projected Amount
05/21/2020	YOUTH HOME IN	NC 4600044107	01	07/01/2019 06/30/2021	Reques Qualifica		\$39,388	.52	\$220,519.46
Agency #	Agency Name	e Division	Δ	gency Conta	ct Name		cy Contact		gency Contact
0710	Arkansas Departi of Human Service	ment Division of Agi	ing	BRANDI BE			one No. 320-6476		E-mail Address mu@arkansas.gov
Item # 00001	Personnel F	Short Description PRO SERVCE, ASSESS HEALTH	SMENT, I	MENTAL	Qua 6299		UM Descript i Each	on	Cost \$1.00

Date Submitted 06/03/2020	Vendor Na KENNETH E H		Contract No. 4600044109	Amend No. 01	Contract Period 07/01/2019 06/30/2021	Method Procured Reques Qualifica	ment t for	Am	Contract ount 069.00	Total Projected Amount \$38,549.78
Agency #	Agency Na	ame	Division		Agency Conta	ct Name		cy Contact		Agency Contact
0710	Arkansas Dep of Human Se	artment	Division of Ag Adults & Behav	jing	BRANDI BEI			one No. 320-6476		E-mail Address west@dhs.arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descr	iption	Cost
00001	Personnel		SERVICE,ASSES	SMENT,	MENTAL	168	-	each	-	\$1.00
Date Submitted	Vendor Na		Contract No.	Amend	Period	Method Procure	ment	Am	Contract ount	Total Projected Amount
05/06/2020	LIBBY SLATTON PA	N LCSW	4600046331	00	07/01/2020 To 06/30/2021	Reques Propos		\$30,0	00.00	\$210,000.00
Agency #	Agency Na	ame	Division		Agency Conta	ct Name		cy Contact		Agency Contact
0710	Arkansas Dep of Human Se	artment	Division of Child Family Service	Iren &	Janice F Edv			one No. 682-6536		E-mail Address ards@dhs.arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descr	iption	Cost
00001	Personnel	PRO S	SERVICE,ADOPT	ION SEF	RVICES	300	000	Lump S	Sum	\$1.00
Date Submitted 05/01/2020	Vendor Na KENNETH E H		Contract No. 4600046330	Amend No.	Contract Period 07/01/2020 06/30/2021	Method Procured Reques Propos	ment t for	Am	Contract ount 000.00	Total Projected Amount \$280,000.00
Agency #	Agency Na	ame	Division		Agency Conta	ct Name		cy Contact		Agency Contact
0710	Arkansas Dep of Human Se	artment	Division of Child Family Service	Iren &	JANICE F ED\			one No. 682-6536		E-mail Address ards@dhs.arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descr	iption	Cost
00001	Personnel	PRO S	SERVICE,ADOPT	ION SEF	RVICES	400	000	Lump S	Sum	\$1.00
Date Submitted	Vendor Na	me	Contract No.	Amend	I Contract Period	Method Procure			Contract	Total Projected Amount
05/07/2020	HLH CONSULT LLC	ΓANTS	4600046329	00	07/01/2020 06/30/2021	Reques Propos		\$42,0	00.00	\$294,000.00
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		BRANDI BEI	NSEN		320-6476		rmu@arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descr	iption	Cost
	Personnel		SERVICE,ADOPT			420	-	Lump S	-	\$1.00

Date Submitted 05/20/2020	Vendor Na i AMERICA JANITORIAL	N	Contract No. 4600046274	Ameno No. 00	Contract Period 07/01/2020 06/30/2021	Method Procure Invitation	ment	2	Contract ount 868.76	Total Projected Amount \$181,081.32
Agency #	Agency Na	ame	Division		Agency Conta	ct Name		y Contact		Agency Contact
0710	Arkansas Dep of Human Se	artment	Division of Cou Operations	unty	Mary Cr			one No. 682-6565	mary.	E-mail Address cruz@dhs.arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descr	iption	Cost
00001	Services	TECH	SERVICE,JANIT	ORIAL		000)12	Month	S	\$2,155.73
Date Submitted 05/15/2020	Vendor Nai		Contract No. 4600046272	Ameno No. 00	Contract Period 07/01/2020 70 06/30/2021	Method Procure Invitation	ment	Annual (Amo \$11,9		Total Projected Amount \$83,959.68
Agency #	Agency Na	ame	Division		Agency Conta	ct Name		cy Contact		Agency Contact E-mail Address
0710	Arkansas Dep of Human Se		Division of Cou Operations		Mary Cr	uz		682-6565	mary.	cruz@dhs.arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descr	iption	Cost
00001	Services	TECH	SERVICE,JANIT	ORIAL		000)12	Month	s	\$999.52
Date Submitted 05/22/2020	Vendor Na i PATHFINDER		Contract No. 4600044116	Ameno No. 01	Contract Period 07/01/2019 70 06/30/2021	Method Procure Reques Qualifica	ment t for	Am	Contract ount 751.39	Total Projected Amount \$220,519.46
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 Ag Adults & Behav		BRANDI BE	NSON		320-6476	dh	s.rmu@arkansas.gov
Item # 00001	Category Personnel		Description SERVICE, ASSES TH	SSMENT	, MENTAL	Qua 173	•	UM Descri Each	iption	Cost \$1.00
Date Submitted	Vendor Nai	me	Contract No.	Amend No.	I Contract Period	Method Procure		Annual (Contract ount	Total Projected Amount
05/14/2020	BOBBY BUR	RBA	4600044213	01	07/01/2019 06/30/2021	Small C		. ,	21.00	\$46,884.00
Agency #	Agency Na	ame	Division		Agency Conta	ct Name		cy Contact one No.		Agency Contact E-mail Address
0710	Arkansas Dep of Human Se	artment rvices	Division of Cou Operations		AIMEE.SE	KTON		376-2163	Aimee.S	Sexton@dhs.arkansas.go
Item #	Category	Short	Description			Qua	ntity	UM Descr	iption	Cost
			SERVICE, JANITO				-			

Date Submitted 06/03/2020	Vendor Nai OJS SERVICE INC		Contract No. 4600044217	Amend No. 01	Contract Period 07/01/2019 To 06/30/2021	Metho Procure Small C	ment	Am	Contract ount 644.72	Total Projected Amount \$74,513.04
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 Coo Operations		Mary Cr	uz		682-6565		cruz@dhs.arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descri	iption	Cost
00001	Services	TECH	SERVICE, JANITO	ORIAL		00	012	Month	S	\$887.06
Date Submitted 05/14/2020	Vendor N ar BOBBY BUF		Contract No. 4600044336	Amend No. 01	Contract Period 07/01/2019 To 06/30/2021	Metho Procure Small C	ment	Amo	Contract ount 999.92	Total Projected Amount \$79,999.68
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	,	AIMEE.SE	KTON		376-2163		exton@dhs.arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descri	iption	Cost
00001	Services	TECH	SERVICE, JANITO	ORIAL		00	012	Month	s	\$1,666.66
Date Submitted 06/02/2020	Vendor Na UNIVERSITY ARKANSAS-ME	OF DICAL	Contract No. 4600045815	Amend No. 00	Period	Metho Procure Intergover	ment		Contract ount 000.00	Total Projected Amount \$336,000.00
Agency #	SCIENCE Agency Na	_	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		BRANDI BE	NSEN		320-6476		s.rmu@arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descri	iption	Cost
00001	Personnel	PRO S HEAL	SERVICE,ASSES TH	SMENT,N	MENTAL	48	000	each		\$1.00
Date Submitted	Vendor Na	me	Contract No.	Amend No.	Contract Period	Metho-			Contract ount	Total Projected Amount
05/18/2020	OJS SERVICE INC	TWO	4600044529	01	07/01/2019 06/30/2021	Small C	Order	\$26,9	97.24	\$188,980.68
Agency #	Agency Na	ame	Division	A	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	NSON		320-6476		mu@dhs.arkansas.gov
Item # 00001	Category Services		Description SERVCE, JANITO	ORIAL			ntity)24	UM Descri Month		Cost \$2,249.77

Date Submitted 06/03/2020	Vendor Na		Contract No. 4600044500	Amend No.	Contract Period 07/01/2019	Methodore Procure Competiti	ment	Annual C Amou \$32,91	unt	Total Projected Amount \$230,433.00
00/03/2020	INC	. 1000	4600044500	UI	06/30/2021	Competiti	ve blu	Ψ02,91	9.00	Ψ230,433.00
Agency #	Agency Na	ame	Division		Agency Conta	act Name		y Contact		gency Contact
0710	Arkansas Dep of Human Se	artment	Division of Co Operations	unty	BRANDI BE			one No. 320-6476		-mail Address mu@arkansas.gov
Item # 00001	Category Services		Description SERVICE, JANIT	TORIAL		Qua 000	ntity 124	UM Descrip Months	otion	Cost \$2,743.25
Date Submitted	Vendor Na	me	Contract No.	Amend	I Contract Period	Metho Procure		Annual C		Total Projected Amount
06/03/2020	OJS SERVICE INC	TWO	4600044496	01	07/01/2019 06/30/2021	Competiti		\$12,37		\$86,593.08
Agency #	Agency Na	ame	Division		Agency Conta	act Name		y Contact one No.		gency Contact -mail Address
0710	Arkansas Dep of Human Se		Division of Co Operations		BRANDI BE	NSON		320-6576		mu@arkansas.gov
Item #	Category	Short	Description			Qua	ntity	UM Descrip	otion	Cost
00001	Services	TECH	SERVICE,JANIT	ORIAL		000	012	Months		\$1,030.87
Date Submitted	Vendor Na	me	Contract No.	Amend No.	l Contract Period	Metho Procure		Annual C		Total Projected Amount
05/18/2020	ROBERT KALOGHIR		4600044474	01	07/01/2019 06/30/2021	Invitation	for Bid	\$28,8	00.00	\$201,600.00
Agency #	Agency Na	ame	Division		Agency Conta	act Name	Agend	y Contact one No.		gency Contact -mail Address
0710	Arkansas Dep of Human Se		Division of Developmen		BRANDI BE	NSEN		320.6476		u@dhs.arkansas.gov
Item # 00001	Category Personnel		Description SERVICE, DENTIS	ST		Qua 576	intity 600	UM Descrip Lump S		Cost \$1.00
Date Submitted	Vendor Na	me	Contract No.	Amend		Metho		Annual C		Total Projected
Submitted 05/20/2020	KADO PROV	VELL	4600046649	No. 00	Period 07/01/2020 To 06/30/2021	Procure Competiti		Amo \$30,0		Amount \$30,000.00
Agency #	Agency Na	ame	Division		Agency Conta	act Name		y Contact one No.		gency Contact -mail Address
0865	Departmer Arkansas Her Central Admin	ritage -			Jean Bat	tisto		324-9580	_	ttisto@arkansas.go
Item #	Category		Description			Qua	ntity	UM Descrip	tion	Cost
00001	Services	TECH	SERVICE,LAWN	CARE			000	each		\$1.00

Date				Amend	Contract	Metho	l of	Annual (Contract	Total Projected	
Submitted 05/26/2020	Vendor Na		Contract No.	No.	Period 07/01/2020	Procurement Competitive Bid		Amo		Amount \$36,962.04	
03/20/2020	LLC	, ii LU	4600046647	00	07/01/2020 06/30/2021	Competiti					
Agency #	Agency Na	ame	Division	A	Agency Conta	ct Name		cy Contact one No.		Agency Contact E-mail Address	
0865	Departmer Arkansas Her Central Admini	itage -			Laura K. W	allace	501-	324-9582	Laura.	wallace@arkansas.gov	
Item #	Category	Short	Description			Qua	ntity	UM Descri	ption	Cost	
00001	Services	TECH	SERVICE,LAWN	CARE		192	248	each		\$1.00	
00002	Services	TECH	SERVICE,LAWN	CARE		048	314	each		\$1.00	
00003	Services	TECH	SERVICE,LAWN	CARE		129	900	each		\$1.00	
Date Submitted	Vendor Na		Contract No.	Amend No.	Contract Period	Method of Procurement				Amount	
05/01/2020	KADO PROW	/ELL	4600046459	00	07/01/2020 06/30/2021	Competiti	ve Bid	\$30,0	00.00	\$30,000.00	
Agency #	Agency Na	ame	Division	A	Agency Conta	ct Name		cy Contact		Agency Contact	
0865	Departmer Arkansas Her Central Admini	itage -			Jean Batt			one No. 324-9580		E-mail Address pattisto@arkansas.gov	
Item #	Category	Short	Description			Qua	ntity	UM Descri	ption	Cost	
00001	Services	TECH	SERVICE,LAWN	CARE		300	000	each		\$1.00	
Date Submitted 06/02/2020	Vendor Nai		Contract No. 4600041984	Amend No.	Contract Period 04/21/2018	Method Procure Reques	ment	Annual (Amo		Total Projected Amount \$175,000.00	
00/02/2020	712W17100001711	20 1110	4000041904	03	06/30/2021	Propo		Ψ20,0	00.00	ψ175,000.00	
Agency #	Agency Na	ame	Division	A	Agency Conta	ct Name		gency Contact Phone No.		Agency Contact E-mail Address	
0930	Departmer Environmental				TIM SCC	TT	501-	682-2433	sco	tt@adeq.state.ar.us	
Item # 00001	Category Personnel	Short PRO S	Description SERVICE, COMPI	ENSATIC	N FEE	Qua 175		UM Descri Lump S		Cost \$1.00	
Date Submitted 05/08/2020	Vendor Na MAINSTRE		Contract No. 4600046555	Amend No.	Contract Period 05/08/2020	Method Procure Competiti	ment	Annual (Amo \$49,3		Total Projected Amount \$49,375.00	
	TECHNOLOG	GIES			06/30/2020	·	Agone	v. Contoot		Aganay Cantaat	
Agency #	Agency Na	ame	Division	P	Agency Conta	ct Name		cy Contact one No.		Agency Contact E-mail Address	
0990	Crime Inforn Center				Jenna Castl	eberry		618-8183		stleberry@asp.arkansa gov	
Item #	Category	Short	Description			Qua	ntitu	LIM Docori	ntion	Cost	
iteiii#	outogo. y	•	Decoription			Qua	iility	UM Descri	ption	0031	

Date Submitted 05/22/2020	Vendor Name PROFESSIONA COUNSELING ASSOCIATES	L 4600043776	Amend No. 02	Contract Period 01/01/2019 06/30/2021	Method Procurem Request Qualificati	ent for ons	Initial Contract Amount \$26,024.97	Total Projected Amount \$75,449.66 Agency Contact
Agency #	Agency Name	e Division	P	Agency Contac	t Name	_	ne No.	E-mail Address
0710	Arkansas Departr of Human Service			BRANDI BEN	ISON	501-3	320-6476	dhs.rmu@arkansas.gov
Item # 00001	Personnel F	Short Description PRO SERVICE, ASSES HEALTH	SMENT,	METNAL	Quan 52027	•	UM Description Each	Cost \$1.00
Date Submitted	Vendor Name		Amend No.	Period	Method Procurer	nent	Initial Contrac	Amount
06/01/2020	COUNSELING CL INC	LINIC 4600044112	01	07/01/2019 06/30/2021	Request Qualificat		\$36,744.97	\$68,410.56
Agency #	Agency Nam	ne Division		Agency Conta	ct Name		cy Contact one No.	Agency Contact E-mail Address
0710	Arkansas Depart of Human Servi			BRANDI BE	NSEN	501	320.6476	dhs.rmu@arkansas.gov
Item #	Category	Short Description			Quar	ntity	UM Description	Cost
00001		PRO SERVICE,ASSES HEALTH	SMENT,	MENTAL	293	88	each	\$1.00