| Date<br>Submitted<br>12/02/2021 | <b>Vendor Na</b> n<br>REVBY LLO         |                                       | Contract No.<br>RA22145366   | Amend<br>No.<br>00                                 | Contract<br>Period<br>11/03/2021<br>11/02/2022        | Method<br>Procure<br>Reques<br>Propos | ment<br>at for | Annual Contract<br>Amount<br>\$49,999.00 | Total Projected<br>Amount<br>\$49,999.00 |
|---------------------------------|---|---------------------------------------|--|--|---|---------------------------------------|----------------|--|--|
| Agency #                        | Agency Na                               | me                                    | Division   | A  | Agency Conta  | ct Name                               | _              | ncy Contact                              | Agency Contact                           |
| 0145                            | University of Ar<br>at Little Ro        | kansas                                |  |  | SHERI O'B   |                                       |                | <b>none No.</b><br>-916-5623             | E-mail Address<br>siobrien@ualr.edu      |
| Item #                          | Category                                | Short                                 | Description  |  |   | Qua                                   | ntity          | UM Description                           | Cost                                     |
| 00001                           | Personnel                               | assist<br>Techn<br>client l<br>basis. | actor is a business<br>the Arkansas Sm<br>ology Developme<br>base of small busi<br>Contractor will pro<br>lting and technica | all Busine<br>nt Center<br>inesses o<br>ovide mar  | ess and<br>with its growir<br>n an ad hoc<br>nagement | 000<br>ng                             | )01            | Years                                    | \$49,999.00                              |
| Date<br>Submitted<br>12/02/2021 | Vendor Nan<br>FIND8 PERFORM<br>MARKETIN | MANCE                                 | Contract No.<br>RA22145365   | Amend<br>No.                                       | Contract<br>Period<br>11/13/2021<br>To<br>11/12/2022  | Method<br>Procure<br>Reques<br>Propos | ment<br>at for | Annual Contract<br>Amount<br>\$49,999.00 | Total Projected<br>Amount<br>\$49,999.00 |
| Aganay #                        |   |                                       | Division   |  |   | •                                     |                | ncy Contact                              | Agency Contact                           |
| <b>Agency #</b> 0145            | Agency Na University of Ar at Little Ro | kansas                                | Division   | F  | Agency Conta<br>SHERI O'B                             |                                       | Pł             | none No.<br>-916-5623                    | E-mail Address<br>siobrien@ualr.edu      |
| Item #                          | Category                                | Short                                 | Description  |  |   | Qua                                   | ntity          | UM Description                           | Cost                                     |
| 00001                           | Personnel                               | assist<br>Techn<br>client l<br>basis. | actor is a business<br>the Arkansas Sm<br>ology Developme<br>base of small busi<br>Contractor will pro-<br>ting business adv | all Busine<br>nt Center<br>inesses o<br>ovide sale | ess and<br>with its growing<br>an ad hoc<br>es and    | 000<br>ng                             | )01            | Years                                    | \$49,999.00                              |
| Date<br>Submitted               | Vendor Nan                              | ne                                    | Contract No.   | Amend<br>No.                                       | Contract<br>Period                                    | Method<br>Procure                     |                | Annual Contract<br>Amount                | Total Projected<br>Amount                |
| 12/02/2021                      | KD CONSULT<br>COMPANY                   |                                       | RA22145364   | 00   | 11/13/2021<br>11/12/2022                              | Reques<br>Propos                      |                | \$49,999.00                              | \$49,999.00                              |
| Agency #                        | Agency Na                               | me                                    | Division   | A  | Agency Conta  | ct Name                               |                | ncy Contact<br>none No.                  | Agency Contact<br>E-mail Address         |
| 0145                            | University of Ar<br>at Little Ro        |                                       |  |  | SHERI O'B   | RIEN                                  |                | -916-5623                                | siobrien@ualr.edu                        |
| Item #                          | Category                                | Short                                 | Description  |  |   | Qua                                   | ntity          | <b>UM Description</b>                    | Cost                                     |
| 00001                           | Personnel                               | assist<br>Techn<br>client l<br>basis. | actor is a business<br>the Arkansas Sm<br>ology Developme<br>base of small busi<br>Contractor will proting business adv      | all Busine<br>nt Center<br>inesses o<br>ovide sale | ess and<br>with its growing<br>an ad hoc<br>es and    | 000<br>ng                             | )01            | Years                                    | \$49,999.00                              |

| Date<br>Submitted<br>11/16/2021 | <b>Vendor Na</b> n<br>JAGUAR Sk    |                                       | Contract No.<br>RA22145363   | Amend<br>No.                                       | Contract<br>Period<br>11/13/2021                      | Method<br>Procure<br>Reques | ment  | Annual Contrac<br>Amount<br>\$49,999.00 | ct Total Projected Amount \$49,999.00 |  |
|---------------------------------|------------------------------------|---------------------------------------|--|--|---|-----------------------------|-------|---|---------------------------------------|--|
|                                 | CONSULTING,                        | INC.                                  |  |  | 11/12/2022  | Propo                       | sal   |   |                                       |  |
| Agency #                        | Agency Na                          | me                                    | Division   | A  | gency Conta   | ct Name                     |       | cy Contact<br>ione No.                  | Agency Contact<br>E-mail Address      |  |
| 0145                            | University of Ai<br>at Little Ro   |                                       |  |  | SHERI O'B   |                             |       | -916-5623                               | siobrien@ualr.edu                     |  |
| Item #                          | Category                           | Short                                 | Description  |  |   | Qua                         | ntity | UM Description                          | Cost                                  |  |
| 00001                           | Personnel                          | assist<br>Techn<br>client l<br>basis. | actor is a business<br>the Arkansas Smology Developme<br>base of small busi<br>Contractor will pro-<br>ting business adv   | all Busine<br>nt Center<br>nesses or<br>ovide sale | ess and<br>with its growing<br>an ad hoc<br>es and    | 00001                       |       | Years                                   | \$49,999.00                           |  |
| Date<br>Submitted               | <b>Vendor Na</b> n<br>ELIZABETH YO |                                       | Contract No.   | Amend<br>No.                                       | Contract<br>Period                                    | Method<br>Procure           | ment  | Annual Contrac                          | Amount                                |  |
| 11/16/2021                      | CONSULTIN                          |                                       | RA22145362   | 00   | 11/03/2021<br>11/02/2022                              | Reques<br>Propo             |       | \$49,999.00                             | \$49,999.99                           |  |
| Agency #                        | Agency Na                          | me                                    | Division   | A  | gency Conta   | ct Name                     |       | cy Contact<br>ione No.                  | Agency Contact<br>E-mail Address      |  |
| 0145                            | University of Ar<br>at Little Ro   |                                       |  |  | SHERI O'B   | RIEN                        |       | -916-5623                               | siobrien@ualr.edu                     |  |
| Item #                          | Category                           | Short                                 | Description  |  |   | Qua                         | ntity | <b>UM Description</b>                   | Cost                                  |  |
| 00001                           | Personnel                          | assist<br>Techn<br>client l<br>basis. | actor is a business<br>the Arkansas Smallogy Developme<br>base of small busi<br>Contractor will pro-<br>lting and technica | all Busine<br>nt Center<br>nesses or<br>ovide mar  | ess and<br>with its growing<br>an ad hoc<br>magement  | 000<br>ng                   | 001   | Years                                   | \$49,999.00                           |  |
| Date<br>Submitted               | Vendor Nan                         | ne                                    | Contract No.   | Amend<br>No.                                       | Contract<br>Period                                    | Method<br>Procure           |       | Annual Contrac                          | t Total Projected<br>Amount           |  |
| 11/09/2021                      | KD CONSULT<br>COMPANY              |                                       | RA22145361   | 00   | 11/03/2021<br>11/02/2022                              | Reques<br>Propo             | t for | \$49,999.00                             | \$49,999.00                           |  |
| Agency #                        | Agency Na                          | me                                    | Division   | A  | gency Conta   | ct Name                     |       | cy Contact<br>one No.                   | Agency Contact<br>E-mail Address      |  |
| 0145                            | University of Arat Little Ro       |                                       |  |  | SHERI O'B   | RIEN                        |       | -916-5623                               | siobrien@ualr.edu                     |  |
| Item #                          | Category                           | Short                                 | Description  |  |   | Qua                         | ntity | UM Description                          | Cost                                  |  |
| 00001                           | Personnel                          | assist<br>Techn<br>client l<br>basis. | actor is a business<br>the Arkansas Smoology Developme<br>base of small busi<br>Contractor will pro<br>lting and technica  | all Busine<br>nt Center<br>nesses or<br>ovide mar  | ess and<br>with its growir<br>n an ad hoc<br>nagement | 000<br>ng                   | 001   | Years                                   | \$49,999.00                           |  |

| Date<br>Submitted | Vendor Nar                      |                                       | Contract No.   | Amend<br>No.  | Contract<br>Period                                   | Method<br>Procure       |             | Annual Contrac           | t Total Projected<br>Amount         |  |
|-------------------|---------------------------------|---------------------------------------|--|---|--|-------------------------|-------------|--------------------------|-------------------------------------|--|
| 11/09/2021        | EMHQ LLO                        | 2                                     | RA22145360   | 00  | 11/03/2021<br>11/02/2022                             | Reques<br>Propo         |             | \$49,999.00              | \$49,999.00                         |  |
| Agency #          | Agency Na                       | me                                    | Division Agency Conta  |   | gency Conta  | ct Name                 |             | cy Contact<br>one No.    | Agency Contact<br>E-mail Address    |  |
| 0145              | University of A<br>at Little Ro |                                       |  |   | SHERI O'BI   | RIEN                    |             | -916-5623                | siobrien@ualr.edu                   |  |
| Item #            | Category                        | Short                                 | ort Description  |   |  | Quantity UM Descriptio  |             |                          | Cost                                |  |
| 00001             | Personnel                       | assist<br>Techn<br>client l<br>basis. | the Arkansas Smoology Developme<br>base of small busi<br>Contractor will pro   | siness consultant and will 00001 s Small Business and opment Center with its growing I businesses on an ad hoc will provide management hnical assistance s  |  | Years                   | \$49,999.00 |                          |                                     |  |
| Date<br>Submitted | Vendor Nar                      | ne                                    | Contract No.   | Amend<br>No.  | Contract<br>Period                                   | Method<br>Procure       |             | Annual Contrac<br>Amount | t Total Projected Amount            |  |
| 11/09/2021        | RUBICON VENT                    | TURES                                 | RA22145359   | 00  | 11/03/2021<br>11/02/2022                             | Request for<br>Proposal |             | \$49,999.00              | \$49,999.00                         |  |
| Agency #          | Agency Na                       | ıme                                   | Division   | A   | gency Conta  |                         |             | cy Contact<br>one No.    | Agency Contact<br>E-mail Address    |  |
| 0145              | University of A<br>at Little Ro |                                       |  |   | SHERI O'BI   | FN                      |             | -916-5623                | siobrien@ualr.edu                   |  |
| Item #            | Category                        | Short                                 | Description  |   |  | Quantity                |             | UM Description           | Cost                                |  |
| 00001             | Personnel                       | assist<br>Techn<br>client l<br>basis. | actor is a business<br>the Arkansas Smallogy Developme<br>base of small busi<br>Contractor will pro-<br>lting and technica | all Busine<br>nt Center<br>inesses or<br>ovide mar  | ss and<br>with its growin<br>n an ad hoc<br>nagement | 00001 Years             |             |                          | \$49,999.00                         |  |
| Date<br>Submitted | Vendor Nar                      | ne                                    | Contract No.   | Amend<br>No.  | Contract<br>Period                                   | Method<br>Procure       |             | Annual Contrac<br>Amount | t Total Projected<br>Amount         |  |
| 11/08/2021        | PEOPLEREA                       | NDY                                   | RA22145358   | 00  | 11/02/2021<br>01/31/2022                             | Competitive Bid         |             | \$49,999.00              | \$49,999.99                         |  |
| Agency #          | Agency Na                       | me                                    | Division   | Α   | gency Conta  | ct Name                 |             | cy Contact<br>one No.    | Agency Contact                      |  |
| 0145              | University of A at Little Ro    |                                       |  |   | SHERI O'BI   | Pn                      |             | -916-5623                | E-mail Address<br>siobrien@ualr.edu |  |
| Item #            | Category                        | Short                                 | Description  |   |  | Qua                     | ntity       | UM Description           | Cost                                |  |
| 00001             | Services                        | labor a<br>genera<br>constr           | orary grounds wor<br>and independently<br>al landscape main<br>uction tasks, inclu<br>maintenance, litter                  | operate of the operate of the operation | equipment for<br>and/or<br>maintenance,              | 024                     | 199         | Hours                    | \$49,999.00                         |  |

| Date<br>Submitted<br>11/09/2021 | Vendor Na                                    | 0.445                                | Contract No. RA22145356  | Amend<br>No.                         | Contract<br>Period<br>11/01/2021               | Method<br>Procure<br>Competiti | ment   | Annual Contrac<br>Amount<br>\$48,600.00 | t Total Projected Amount \$324,000.00 |
|---------------------------------|--|--------------------------------------|--|--------------------------------------|--|--------------------------------|--------|---|---------------------------------------|
| 11/09/2021                      | GARDENS, I                                   | -                                    | KA22145550   | 00                                   | 10/31/2021                                     | Competiti                      | ve blu | φ40,000.00                              | ψ324,000.00                           |
| Agency #                        | Agency Na                                    | ame                                  | Division   | A                                    | Agency Conta                                   | ct Name                        |        | cy Contact                              | Agency Contact                        |
| 0145                            | 0145 University of Arkansa<br>at Little Rock |                                      |  |                                      | SHERI O'B                                      |                                |        | <b>one No.</b><br>916-5623              | E-mail Address<br>siobrien@ualr.edu   |
| Item #                          | Category                                     | Short De                             | scription  |                                      |  | Qua                            | ntity  | UM Description                          | Cost                                  |
| 00002                           | Services                                     | services<br>ground co<br>Windgate    | or will provide la<br>to planters, plan<br>over areas, and<br>e Arts and Design<br>h Street on the | nt beds, t<br>I paved a<br>gn Cente  | rees, shrubs,<br>reas for the<br>r located on  | ce 000                         | -      | Months                                  | \$6,300.00                            |
| 00001                           | Services                                     | services,<br>control, e<br>for the W | or will provide la<br>including mowing<br>dging, leaf rem<br>indgate Arts an<br>28th Street on t   | ng, fertili<br>oval, and<br>d Design | zing, weed<br>I trash service<br>Center locate | ed                             | )12    | Months                                  | \$42,300.00                           |
| Date<br>Submitted               | Vendor Na                                    | me (                                 | Contract No.   | Amend<br>No.                         | Contract<br>Period                             | Method<br>Procure              |        | Annual Contrac<br>Amount                | t Total Projected<br>Amount           |
| 11/17/2021                      | HURRICANE I<br>CENTER                        |                                      | RA17169000   | 00                                   | 11/18/2021<br>11/30/2022                       |                                |        | \$25,000.00                             | \$25,000.00                           |
| Agency #                        | Agency Na                                    | ame                                  | Division   | 4                                    | Agency Conta                                   | ct Name                        |        | cy Contact<br>one No.                   | Agency Contact<br>E-mail Address      |
| 0160                            | University of A at Pine Bl                   |                                      |  |                                      | ALISHA LE                                      | EWIS                           |        | 5758735                                 | lewisal@uapb.edu                      |
| Item #                          | Category                                     | Short De                             | scription  |                                      |  | Qua                            | ntity  | UM Description                          | Cost                                  |
| 00001                           | Personnel                                    | The venc<br>Project tr               | lor will provide a<br>aining   | an Ameri                             | can Rescue                                     | 000                            | 001    | Hour                                    | \$25,000.00                           |
| Date<br>Submitted               | Vendor Na                                    | me (                                 | Contract No.   | Amend<br>No.                         | Contract<br>Period                             | Method<br>Procure              |        | Annual Contrac                          | ct Total Projected<br>Amount          |
| 11/23/2021                      | CLASS<br>TECHNOLOG                           |                                      | RA171600026  | 00                                   | 01/01/2022<br>12/31/2024                       | Sole Soul<br>Justifica         | •      | \$29,000.00                             | \$87,000.00                           |
| Agency #                        | Agency Na                                    | ame                                  | Division   | A                                    | Agency Conta                                   | ct Name                        |        | cy Contact<br>one No.                   | Agency Contact<br>E-mail Address      |
| 0160                            | University of A<br>at Pine Bl                |                                      |  |                                      | ALISHA LE                                      | EWIS                           |        | 575-8735                                | lewisal@uapb.edu                      |
| Item #                          | Category                                     | Short De                             | scription  |                                      |  | Qua                            | ntity  | UM Description                          | Cost                                  |
| 00003                           | Services                                     | Year 3 -                             | Term Fees  |                                      |  | 000                            | -      | Years                                   | \$28,750.00                           |
| 00002                           | Services                                     | Year 2 -T                            | erm Fees   |                                      |  | 000                            | 002    | Years                                   | \$28,750.00                           |
| 00001                           | Services                                     | Class Su                             | bscription licen   | se                                   |  | 000                            | 001    | Years                                   | \$29,500.00                           |

| Date<br>Submitted<br>11/16/2021 | <b>Vendor Name</b><br>BRIAN M OSULLIVAN | No. Period Procurement  |                    | <b>ment</b><br>t for                           | Annual<br>Contract<br>Amount<br>\$49,500.00 | Total Projected<br>Amount<br>\$49,500.00 |   |  |  |
|---------------------------------|---|-------------------------|--------------------|--|---|--|---|--|--|
| Agency #                        | Agency Name                             | Division                | Δ                  | gency Conta                                    | ct Name                                     |  | cy Contact                                  | Agency Contact                           |  |
| 0311                            | Disability Determinatio                 |                         |                    | JEFF STEA                                      |   |  | <b>one No.</b><br>682-7627 ie               | E-mail Address<br>effrey.stearns@ssa.gov |  |
| 0011                            | Disability Determination                | •                       |                    | JEII SILA                                      | IXIVO                                       | 301-                                     | 002-7027 je                                 | aney.steams@ssa.gov                      |  |
| Item #                          | Category Shor                           | t Description           |                    |  | Qua   | ntity                                    | UM Description                              | Cost                                     |  |
| 00001                           | Personnel PRO                           | SERVICE,CONSU           | ILTANT,N           | IEDICAL  | 495   | 500                                      | Lump Sum                                    | \$1.00                                   |  |
| Date<br>Submitted               | Vendor Name JEANNE ANNE YAKIN           | Contract No.            | Amend<br>No.       | Contract<br>Period                             | Method<br>Procure                           | ment                                     | Annual Contrac                              | Amount                                   |  |
| 11/15/2021                      | JEANNE ANNE TAKIN                       | 4600049889              | 00                 | 08/12/2021<br>06/30/2023                       | Reques<br>Qualifica                         |  | \$49,500.00                                 | \$49,500.00                              |  |
| Agency #                        | Agency Name                             | Division                | Α                  | gency Conta                                    | ct Name                                     |  | cy Contact<br>one No.                       | Agency Contact<br>E-mail Address         |  |
| 0311                            | Disability Determinatio                 | n                       |                    | JEFF STEA                                      | RNS   |  |   | effrey.stearns@ssa.gov                   |  |
| Item #                          | Category Shor                           | t Description           |                    |  | Qua   | ntity                                    | UM Description                              | Cost                                     |  |
| 00001                           | Personnel PRO                           | SERVICE,CONSL           | ILTANT,N           | IEDICAL  | 495   | 500                                      | Lump Sum                                    | \$1.00                                   |  |
| Date<br>Submitted<br>11/15/2021 | Vendor Name DAVID S VOSS                | Contract No. 4600049888 | Amend<br>No.<br>00 | Contract<br>Period<br>07/26/2021<br>06/30/2023 | Method<br>Procure<br>Reques<br>Qualifica    | <b>ment</b><br>t for                     | Annual<br>Contract<br>Amount<br>\$49,500.00 | Total Projected<br>Amount<br>\$49,500.00 |  |
| A                               | A way ay Nama                           | Division                |                    |  |   |  | cy Contact                                  | Agency Contact                           |  |
| <b>Agency #</b> 0311            | Agency Name                             | Division                | A                  | gency Conta                                    | PI  |  | one No.                                     | E-mail Address                           |  |
| 0311                            | Disability Determinatio                 | n                       |                    | JEFF STEA                                      | RNS   | 501-                                     | 682-7627 j€                                 | effrey.stearns@ssa.gov                   |  |
| Item #                          | Category Shor                           | t Description           |                    |  | Qua   | ntity                                    | UM Description                              | Cost                                     |  |
| 00001                           | Personnel PRO                           | SERVICE,CONSU           | ILTANT,N           | IEDICAL  | 495   | 500                                      | Lump Sum                                    | \$1.00                                   |  |
| Date<br>Submitted               | Vendor Name                             | Contract No.            | Amend<br>No.       | Contract<br>Period                             | Method<br>Procure                           | ment                                     | Annual Contrac<br>Amount                    | ct Total Projected<br>Amount             |  |
| 11/15/2021                      | ALEX MARC SIEGEL                        | 4600049887              | 00                 | 07/26/2021<br>06/30/2023                       | Reques<br>Qualifica                         |  | \$49,500.00                                 | \$49,500.00                              |  |
| Agency #                        | Agency Name                             | Division                | Α                  | gency Conta                                    | ct Name                                     | _  | cy Contact<br>one No.                       | Agency Contact<br>E-mail Address         |  |
| 0311                            | Disability Determinatio                 | n                       |                    | JEFF STEA                                      | RNS   |  |   | effrey.stearns@ssa.gov                   |  |
| 0311                            |   |                         |                    |  |   |  |   |  |  |
| ltem #                          | Category Shor                           | t Description           |                    |  | Qua   | ntity                                    | UM Description                              | Cost                                     |  |

| Date<br>Submitted<br>11/15/2021 | <b>Vendor Name</b><br>MARISA C HENDRON   | No. Period Procurement         |            | ment<br>t for  | Annual Contr<br>Amount<br>\$49,500.00    | Amount               |  |   |
|---------------------------------|--|--------------------------------|------------|--|--|----------------------|--|---|
| <b>Agency #</b> 0311            | Agency Name Disability Determination     | Division                       |            | ency Contac  |  | Pho                  | cy Contact<br>one No.<br>582-7627      | Agency Contact<br>E-mail Address<br>jeffrey.stearns@ssa.gov |
|                                 | ,  |                                |            |  |  |                      |  | , con ey cooming a coming or                                |
| Item #                          | Category Short                           | Description                    |            |  | Qua                                      | ntity                | UM Description                         | Cost  |
| 00001                           | Personnel PRO                            | SERVICE,CONSU                  | ILTANT,ME  | DICAL  | 495                                      | 500                  | Lump Sum                               | \$1.00  |
| Date<br>Submitted<br>11/15/2021 | Vendor Name<br>JOSEPH R MICHEL MD        | <b>Contract No.</b> 4600049884 | <b>No.</b> | Contract<br>Period<br>07/28/2021<br>To<br>06/30/2023 | Method<br>Procure<br>Reques<br>Qualifica | <b>ment</b><br>t for | Annual Contr<br>Amount<br>\$48,000.00  | Amount  |
| Agency #                        | Agency Name                              | Division                       |            | ency Conta   | ct Name                                  |                      | cy Contact                             | Agency Contact  |
| 0311                            | Disability Determination                 | ı                              | J          | JEFF STEA  |  |                      | one No.<br>682-7627                    | E-mail Address<br>jeffrey.stearns@ssa.gov                   |
| Item #                          | Category Short                           | Description                    |            |  | Qua                                      | ntity                | UM Description                         | Cost  |
| 00001                           | Personnel PRO                            | SERVICE,CONSU                  | ILTANT,ME  | DICAL  | 480                                      | 000                  | Lump Sum                               | \$1.00  |
| Date<br>Submitted<br>11/16/2021 | Vendor Name<br>ELLEN CREGEN<br>HUMPHRIES | <b>Contract No.</b> 4600049883 | <b>No.</b> | Contract<br>Period<br>10/25/2021<br>06/30/2023       | Method<br>Procure<br>Reques<br>Qualifica | <b>ment</b><br>t for | Annual Cont<br>Amount<br>\$48,000.0    | Amount  |
| Agency #                        | Agency Name                              | Division                       |            | ency Conta   | ct Name                                  |                      | y Contact<br>one No.                   | Agency Contact<br>E-mail Address                            |
| 0311                            | Disability Determination                 | l                              |            | JEFF STEA  | RNS                                      | 501-6                | 682-7627                               | jeffrey.stearns@ssa.gov                                     |
| Item #                          | Category Short                           | Description                    |            |  | Qua                                      | ntity                | UM Description                         | Cost  |
| 00001                           | Personnel PRO                            | SERVICE,CONSU                  | ILTANT,ME  | DICAL  | 480                                      | 000                  | Lump Sum                               | \$1.00  |
| Date<br>Submitted<br>11/16/2021 | Vendor Name<br>JAMES E HINCHEN           | <b>Contract No.</b> 4600049882 | <b>No.</b> | Contract<br>Period<br>07/26/2021<br>06/30/2023       | Method<br>Procure<br>Reques<br>Qualifica | <b>ment</b><br>t for | Annual Contra<br>Amount<br>\$48,000.00 | ct Total Projected Amount \$48,000.00                       |
| Agency #                        | Agency Name                              | Division                       |            | ency Contac  | ct Name                                  |                      | y Contact<br>one No.                   | Agency Contact<br>E-mail Address                            |
| 0311                            | Disability Determination                 | 1                              |            | JEFF STEA  | RNS                                      |                      | 682-7627                               | jeffrey.stearns@ssa.gov                                     |
| Item #                          | Category Short                           | Description                    |            |  | Qua                                      | ntity                | UM Description                         | Cost  |
| 00001                           | - ·                                      | SERVICE,CONSU                  | ILTANT,ME  | DICAL  | 480                                      | -                    | Lump Sum                               | \$1.00  |

| Date<br>Submitted<br>11/15/2021  | <b>Vendor Name</b><br>SUSAN DIANN<br>GUTHRIE |                    | Amend<br>No.<br>00 | Contract<br>Period<br>07/26/2021<br>06/30/2023 | Method<br>Procured<br>Request<br>Qualifica | ment<br>t for | Annual Contra<br>Amount<br>\$48,000.00 | Total Projected Amount \$48,000.00        |
|----------------------------------|--|--------------------|--------------------|--|--|---------------|--|---|
| Agency #                         | Agency Nam                                   | ne Divisior        | n A                | gency Conta                                    | ct Name                                    |               | cy Contact                             | Agency Contact                            |
| 0311                             | Disability Determ                            |                    | -                  | JEFF STE                                       |  |               | one No.<br>682-7627                    | E-mail Address<br>jeffrey.stearns@ssa.gov |
|                                  | Diodollity Dotollit                          | auo                |                    | OLIT OIL                                       | 11110                                      | 001           | 002 1021                               | jemey.steams@ssa.gov                      |
| Item #                           | Category                                     | Short Description  |                    |  | Qua  | ntity         | UM Description                         | on Cost                                   |
| 00001                            | Personnel                                    | PRO SERVICE,CONS   | SULTANT,N          | MEDICAL  | 480  | 000           | Lump Sum                               | \$1.00                                    |
| Date<br>Submitted                | Vendor Name                                  |                    | Amend<br>No.       | Contract<br>Period                             | Method<br>Procure                          | ment          | Annual Cor<br>Amoun                    | t Amount                                  |
| 11/22/2021                       | DARRIN G CAM                                 | IPO 4600049880     | 00                 | 07/22/2021<br>06/30/2023                       | Reques<br>Qualifica                        |               | \$48,000.                              | 00 \$48,000.00                            |
| Agency #                         | Agency Nam                                   | ne Divisior        | n A                | gency Conta                                    | ct Name                                    |               | cy Contact<br>one No.                  | Agency Contact<br>E-mail Address          |
| 0311                             | Disability Determ                            | ination            |                    | JEFF STE                                       | ARNS                                       |               | 682-7627                               | jeffrey.stearns@ssa.gov                   |
| Item #                           | Category                                     | Short Description  |                    |  | Qua  | ntity         | UM Description                         | on Cost                                   |
| 00001                            |  | PRO SERVICE,CONS   | SULTANT,N          | MEDICAL  | 480  | •             | Lump Sum                               | \$1.00                                    |
| <b>Date Submitted</b> 11/09/2021 | Vendor Name<br>STAFFMARK<br>INVESTMENTS      | 4600048347         | Amend<br>No.<br>01 | Contract<br>Period<br>02/02/2021<br>02/01/2022 | Method<br>Procure<br>Competiti             | ment          | Annual Cor<br>Amoun<br>\$49,000.0      | t Amount                                  |
| Agency #                         | Agency Nam                                   | ne Divisior        | n A                | gency Conta                                    | ct Name                                    |               | cy Contact<br>one No.                  | Agency Contact<br>E-mail Address          |
| 0385                             | Department of Vo<br>Affairs                  | eteran             |                    | BARRY GOL                                      | .DMAN                                      |               |  | parry.goldman@arkansas.gov                |
| Item #                           | Category                                     | Short Description  |                    |  | Qua  | ntity         | UM Description                         | on Cost                                   |
| 00001                            | Services                                     | TECH SERVICE, TEMI | PORARY S           | STAFF  | 490  | 000           | Lump Sum                               | \$1.00                                    |
| Date<br>Submitted                | Vendor Name                                  |                    | Amend<br>No.       | Contract<br>Period                             | Method<br>Procure                          | ment          | Annual Con<br>Amount                   | Amount                                    |
| 11/09/2021                       | JANET L WHITT                                | EN 4600049858      | 00                 | 11/01/2021<br>06/30/2025                       | Reques<br>Qualifica                        |               | \$10,000.0                             | 90 \$70,000.00                            |
| Agency #                         | Agency Nam                                   | ne Divisior        | n A                | gency Conta                                    | ct Name                                    |               | cy Contact<br>one No.                  | Agency Contact<br>E-mail Address          |
|                                  | Income Dence                                 | rtment             |                    | MARY DA  | VIS  |               | 682-7678                               | Mary.davis@arkansas.gov                   |
| 0425                             | Insurance Depar                              | unon               |                    |  |  |               |  |   |
| 0425                             | ·  | Short Description  |                    |  | Qua  | ntity         | UM Description                         | on Cost                                   |

| Date<br>Submitted           | Vendor Nar   | me                | Contract No.                     | Amend<br>No.     | Contract<br>Period                       | Metho<br>Procure      |         | Annual Con                 |        | Total Projected<br>Amount                           |  |
|-----------------------------|--|-------------------|----------------------------------|------------------|--|-----------------------|---------|----------------------------|--------|---|--|
| 11/17/2021                  | CHRISTOPH<br>FRANKLIN  |                   | 4600049922                       | 00               | 11/16/2021<br>11/15/2022                 | Competit              |         | <b>Amoun</b><br>\$10,127.  |        | \$41,284.24   |  |
| Agency #                    | Agency Na  | ame               | Division                         |                  | Agency Conta                             | act Name              |         | cy Contact                 |        | Agency Contact                                      |  |
| 0634                        | Department of Finance<br>& Administration -<br>Revenue - Office of |                   |                                  |                  | Drake B G                                |                       |         | <b>one No.</b><br>682-2554 |        | E-mail Address<br>(OCHU.FIELDS@DFA.<br>ARKANSAS.GOV |  |
| Item #                      | Category   | hort              | Description                      |                  |  | Qua                   | intity  | UM Descrip                 | tion   | Cost  |  |
| 00002                       | Services   | TECH              | SERVICE, JANITO                  | ORIAL            |  | 00                    | 012     | Months                     |        | \$286.94  |  |
| 00001                       | Services   | TECH              | SERVICE,JANITO                   | ORIAL            |  | 00                    | 012     | Months                     |        | \$556.99  |  |
| Date                        | Vendor Nar   | me                | Contract No.                     | Amend            | Contract                                 | Metho                 |         | Annual Co                  |        |   |  |
| <b>Submitted</b> 11/29/2021 | STATE OF   | F                 | 4600049654                       | <b>No.</b><br>00 | Period<br>11/29/2021<br>To<br>06/30/2024 | Procure<br>Intergover |         | <b>Amoι</b><br>\$37,11     |        | <b>Amount</b><br>\$111,359.88                       |  |
| Agency #                    | Agency Na  | mo                | Division                         |                  | Agency Conta                             | act Namo              |         | cy Contact                 |        | Agency Contact                                      |  |
| 0634                        | Department of<br>& Administra<br>Revenue - Of                      | Finance<br>tion - | Division                         | ,                | Drake B G                                |                       |         | <b>one No.</b><br>682-2554 | skochu | E-mail Address<br>fields@dfa.arkansas.gov           |  |
| Item #                      | Category   |                   | Description                      |                  |  | Qua                   | intity  | UM Descrip                 | tion   | Cost  |  |
| 00002                       | Services   |                   | SERVICE,DATAE                    | BASE AD          | MIN SERVIC                               |                       | 012     | each                       |        | \$983.73  |  |
| 00001                       | Services   | TECH              | SERVICE, DATAE                   | BASE AD          | MIN SERVIC                               | ES 00                 | 012     | each                       |        | \$1,909.60  |  |
| 00001                       | Commodities  | FEE,A             | DMINISTRATION                    |                  |  | 00                    | 012     | each                       |        | \$132.00  |  |
| 00002                       | Commodities  | FEE,A             | DMINISTRATION                    |                  |  | 00                    | 012     | each                       |        | \$68.00   |  |
| Date                        | Vendor Nar   | me                | Contract No.                     | Amend            |  | Metho                 |         | Annual Co                  |        | Total Projected                                     |  |
| <b>Submitted</b> 11/17/2021 | CHRISTOPH<br>FRANKLIN  |                   | 4600047801                       | <b>No.</b><br>00 | Period<br>11/01/2020<br>To<br>10/30/2021 | Procure<br>Competit   |         | <b>Amou</b><br>\$10,902    |        | <b>Amount</b><br>\$41,284.24                        |  |
| Agency #                    | Agency Na  | ame               | Division                         |                  | Agency Conta                             | act Name              |         | cy Contact                 |        | Agency Contact                                      |  |
| 0634                        | Department of<br>& Administra<br>Revenue - Of                      | Finance           |                                  |                  | DRAKE GL                                 |                       |         | <b>one No.</b><br>682-2554 | skochu | E-mail Address<br>.fields@dfa.arkansas.gov          |  |
| Item #                      | Category   | Shor              | t Description                    |                  |  | Qua                   | intity  | UM Descrip                 | tion   | Cost  |  |
| 00001                       | Services   | TECH              | SERVICE, JANITO                  | ORIAL            |  | 00                    | 012     | Months                     |        | \$843.93  |  |
| Date<br>Submitted           | Vendor Nar   | me                | Contract No.                     | Amend            | Contract<br>Period                       | Metho<br>Procure      |         | Annual Co<br>Amou          |        | Total Projected<br>Amount                           |  |
| 11/17/2021                  | LATOSHA L C  | REAL              | 4600041082                       | 04               | 11/17/2017<br>11/16/2022                 | Invitation            | for Bid | \$26,00                    | 0.00   | \$256,200.00  |  |
| Agency #                    | Agency Na  | ame               | Division                         |                  | Agency Conta                             | act Name              |         | cy Contact<br>one No.      |        | Agency Contact<br>E-mail Address                    |  |
| 0710                        | Arkansas Dep<br>of Human Se  |                   | Division of Ag<br>Adults & Behav | -                | BRANDI BE                                | ENSON                 |         | 320-6476                   | dhs    | s.rmu@arkansas.gov                                  |  |
| Item #                      | Category   | Short             | Description                      |                  |  | Qua                   | intity  | UM Descrip                 | tion   | Cost  |  |
| 00001                       | Service  | TECH              | SERVICE, BARBI                   | ĒR               |  |                       |         |                            |        |   |  |

| Date Submitted Submitted   Vendor Name  |            |                           |        |                |  |             |         |        |                |          |                |  |
|---|------------|---------------------------|--------|----------------|--|-------------|---------|--------|----------------|----------|----------------|--|
| Agency #   Agency   Agency   Department of Parks and Tourism   Division   Agency Contact Name   Agency Contact   Agency Contact   Agency Contact   Agency Contact   Agency Contact   Agency Contact   Agency Remainders   Agenc   | Submitted  | WITTENBER<br>DELONY & DAV | RG     |                | No. Period Procurement 00049285 01 09/01/2021 ABA Criteria |             | ment    | Amount |                | Amount   |                |  |
|   | Agency #   |                           | ıme    | Division       | Δ  |             | ct Name |        |                |          |                |  |
| Date Submitted   Parks   PRO SERVICE, COMPENSATION FEE   35350   each   \$1.00  |            | 0900 Department of Pa     |        | 2              | , ,  | _           |         |        |                |          |                |  |
| Date Submitted Submitted Submitted Submitted Submitted Personnel   PRO SERVICE, COMPENSATION FEE   35350   each   \$1.00  | Item #     | Category                  | Short  | Description    |  |             | Qua     | ntity  | UM Description | า        | Cost           |  |
| Date Submitted Submitted   POLLUTION   Affect   Agency   | 00002      | Personnel                 | PRO S  | SERVICE,REIMBU | JRSABLE  | EXPENSES    | 150     | 000    | each           |          | \$1.00         |  |
| Submitted   Vendor Name   Contract No.   No.   Period   Procurement   Amount   Amount   11/22/2021   POLLUTION   4600041160   05   11/01/2017   ABA Criteria   \$29,566.98   \$206,968.89   \$206,968.8 | 00001      | Personnel                 | PRO S  | SERVICE,COMPE  | NSATION  | N FEE       | 353     | 350    | each           |          | \$1.00         |  |
| Agency # Agency Name   Division   Department of Parks and Tourism   Division   Agency Contact Name   Agency Contact Phone No.   Sol -682-7774   Department of Parks and Tourism   PRO SERVICE, COMPENSATION FEE   Date Submitted   Agency Contact Name   Agency Contact Phone No.   Sol -682-7774   Department of Parks   Submitted   Agency Contact Name   Agency Contact Name   Agency Contact Phone No.   Sol -682-7774   Department of Parks   Agency Name   Division   Agency Contact Name   Agency Contact Name   Agency Contact Phone No.   Agency Contact Phone No.   Agency Co  | Submitted  |                           |        |                | No.  | Period      | Procure | ment   | Amount         | act      | Amount         |  |
| Date Submitted 11/22/2021 AMR ARCHITECTS INC 4600038852 12 11/11/2016 ABA Criteria 9900 Department of Parks and Tourism Date Submitted 11/22/2021 AMR ARCHITECTS INC 4600038852 12 11/11/2016 ABA Criteria \$45,932.11 \$346,294.97    Department of Parks and Tourism Contract No. Department of Parks and Tourism Contract No. Department of Parks and Tourism Division Date Submitted 11/22/2021 AMR ARCHITECTS INC 4600038852 12 11/11/12016 ABA Criteria \$45,932.11 \$346,294.97    Agency # Agency Name Division Department of Parks and Tourism Contract No. Department of Parks and Tourism Agency Contact Name Phone No. Soli-682-7774 pieff.king@arkansas.gov    Item # Category Short Description Cost    Date Submitted 11/22/2021 Agency Contact Name Procurement Amount Agency Contact Name Procurement Amount Solidation Solidatio  |            | MANAGEMEN                 | TINC   |                |  | 06/30/2023  |         |        | . ,            |          |                |  |
| Department of Parks and Tourisms   Short Description   PRO SERVICE, COMPENSATION FEE   Quantity   UM Description   Cost   | Agency #   | Agency Na                 | ıme    | Division       | Α  | gency Conta | ct Name |        |                |          |                |  |
| Date Submitted  | 0900       |                           |        |                |  | JEFF KIN    | NG      |        |                |          |                |  |
| Date Submitted 11/22/2021 Agency Name Division Department of Parks and Tourism PROLLUTION MANAGEMENT INC Agency # Agency Name Division Date Submitted 11/22/2021 Agency # Agency Name Division Date Submitted Name Period Procurement Amount \$45,932.11 \$346,294.97      No. Period Procurement Procurement Amount \$45,932.11 \$346,294.97     No. Period Procurement Procurement Amount \$45,932.11 \$346,294.97     No. Period Procurement Procurement Amount Procurement Procurement Procurement Procurement Amount \$346,294.97     No. Period Procurement Procurement Procurement Amount Procurement Amount \$346,294.97     No. Period Procurement Procurement Procurement Procurement Amount \$346,294.97     No. Period Procurement Procurement Procurement Amount Procurement Amount \$346,294.97     No. Period Procurement Procurement Amount Procurement Amount \$346,294.97     No. Period Procurement Procurement Procurement Amount \$346,294.97     No. Period Procurement Procurement Procurement Amount \$346,294.97     No. Period Procurement Procurement Procurement Procurement Amount \$346,294.97     No. Period Procurement Procurement Procurement Procurement Procurement Amount \$346,294.97     No. Period Procurement   | Item #     | Category                  |        | -              | PENSATI  | ON FEE      | Qua     | ntity  | UM Description | า        | Cost           |  |
| Submitted 11/22/2021 AMR ARCHITECTS INC 4600038852 12 11/1/2016 ABA Criteria \$45,932.11 \$346,294.97  Agency # Agency Name Division Department of Parks and Tourism    No.   Period Procurement   Amount   \$45,932.11   \$346,294.97  |            | Service                   |        | OLITATION, OOM |  | ONTEL       |         |        |                |          |                |  |
| Agency # Agency Name Division Department of Parks and Tourism    No.   Department of Parks   Department of Parks and Tourism  | Submitted  |                           |        | Contract No.   | No.  |             | Procure | ment   | Amount         | ract     | Amount         |  |
| Agency # Agency Name Division Division Department of Parks and Tourism    Name  | 11/22/2021 | AMR ARCHITEC              | TS INC | 4600038852     | 12   |             | ABA Cri | teria  | \$45,932.11    |          | \$346,294.97   |  |
| Date Submitted 11/22/2021 POLLUTION AGENCY INC. POLLUTION MANAGEMENT INC. Agency # Agency Name Division Department of Parks and Tourism Phone No. 5/19/2023 Agency # Agency Name Division Department of Parks and Tourism Phone No. 5/19/2023 Agency Contact Name Phone No. 5/19/2023 Agency Contact Name Division Per No. 6/19/2023 Agency Contact Name Phone No. 5/19/2023 Agency Contact Name Phone No. 6/19/20/2016 Agency Contact Parks and Tourism Phone No. 5/19/2023 Agency Contact Name Phone No. 6/19/20/2016 Agency Contact Phone N  |            |                           |        |                |  |             |         | Δαen   | cy Contact     | Δαι      | ency Contact   |  |
| Item # Category Short Description Quantity UM Description Cost    Date Submitted 11/22/2021   POLLUTION MANAGEMENT INC  |            |                           |        | Division       | •                    |             | PI      |        | Phone No.      |          | E-mail Address |  |
| Date Submitted 11/22/2021 POLLUTION MANAGEMENT INC POLLUTION MANAGEMENT INC Policion Department of Parks and Tourism  Possible Submitted 11/22/2021 Procurement No. 4600036838 Policion  | 0900       |                           |        |                |  | JEFF KIN    | 1G      | 501-   | -682-7774      | jeff.kin | g@arkansas.gov |  |
| Date Submitted 11/22/2021 POLLUTION MANAGEMENT INC Period Procurement Amount 5/20/2016 ABA Criteria \$37,689.70 \$263,827.92  Agency # Agency Name Division Department of Parks and Tourism  Date Submitted No. Period Procurement Amount 5/20/2016 ABA Criteria \$37,689.70 \$263,827.92  Agency Contact Name Agency Contact Name Phone No. F-mail Address jeff.king@arkansas.gov  Agency Contact Name Phone No. Soli-682-7774 Seff.king@arkansas.gov  Quantity UM Description Cost  | Item #     | Category                  | Short  | Description    |  |             | Qua     | ntity  | UM Description | า        | Cost           |  |
| Submitted 11/22/2021 POLLUTION AMANAGEMENT INC  Agency # Agency Name Division  Department of Parks and Tourism    No.   Period Procurement   Amount   Syr,689.70   | 00001      | Service                   | PRO    | O SERVICE, COM | IPENSAT  | ION FEE     |         |        |                |          |                |  |
| 11/22/2021 POLLUTION 4600036838 09 5/20/2016 ABA Criteria \$37,689.70 \$263,827.92  Agency # Agency Name Division Department of Parks and Tourism  Department of Parks   |            | Vendor Nar                | ne     | Contract No.   |  |             |         |        |                | ract     | •              |  |
| Agency # Agency Name Division Agency Contact Name Phone No.  Department of Parks and Tourism    Department of Parks and Tourism   Department of Parks and Tourism   Department of Parks and Tourism   Department of Parks and Tourism   Department of Parks and Tourism   Department of Parks   |            |                           |        | 4600036838     |  | То          |         |        |                |          |                |  |
| Department of Parks and Tourism  JEFF KING 501-682-7774 jeff.king@arkansas.gov and Tourism  Rem # Category Short Description Quantity UM Description Cost   | Agency #   | gency # Agency Name       |        | Division       | Α  |             | ct Name |        |                |          |                |  |
|   | 0900       |                           |        |                |  | JEFF KIN    | NG      |        |                |          |                |  |
| 00001 Service PRO SERVICE, COMPENSATION FEE   | Item #     | Category                  | Short  | Description    |  |             | Qua     | ntity  | UM Description | า        | Cost           |  |
|   | 00001      | Service                   | PRO    | SERVICE, COMP  | ENSATIC  | N FEE       |         |        |                |          |                |  |