



22nd Century Technologies, Inc.

CMMI Level 3 | ISO 27001 | ISO 20000 | ISO 9001

Proposal for IFB:

Bid#: 710-22-0026.

RFP Title: Temporary Staffing for Clerical Positions.

Issued by

Arkansas Department of Human Services



**Right People at
Right Time at Right Price**

Due: March 31, 2022 at 11:00 AM CST

Proposal Submitted to:
Chorsie Burns, OP Buyer.
Department: Office of Procurement
Buying Agency: Arkansas Department of Human Services.
Address: 112 West 8th Street, Slot W345,
Little Rock, AR 72201.
Email: dhs.op.solicitations@dhs.arkansas.gov.
Call: 501-682-6327

Submitted by:
Isha Sharma, Contracts Manager.
Department: SLED- Contracting
Company: 22nd Century Technologies, Inc.
Address: 701 South Street, STE 100, Mountain
Home, AR 72653
Email: sledproposals@tscti.com.
Call: 888-998-7284

TSCTI claims that some parts of our proposal, such as, contact information of proposed staff, technical and management approach, proposed subcontractor and price quote confidential and proprietary. Disclosure of these information can be used by our competitors to underprice us on future bids, reverse-engineer aspects of TSCTI's approach, lure away subcontractors or key employees. Thereby we request the OP to provide us the opportunity to provide a redacted copy of our response for FOIA and protecting the undue advantage of FOIA disclosure.

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A- ARKANSAS SOS AUTHORITY TO CONDUCT BUSINESS LICENCE:

Filing Number: 811260644 Tax Year: 2022
 TSCT, INC

1. Tax Contact Information:

RAVINDER SINGH
 8251 GREENSBORO DRIVE, SUITE 900
 MC LEAN, VA 22102 USA
 Phone # of tax contact: 7325077976

Change of Registered Agent Information:
 NOT APPLICABLE. NO CHANGES MADE.

2. Required Information:

Federal Tax ID#: 223502121 State of Incorporation: NJ
 Please provide current names:
 President: SATVINDER . SINGH Treasurer: 22ND CENTURY TECHNOLOGIES, INC
 Vice-President: 22ND CENTURY TECHNOLOGIES, INC Controller: KULPREET . SINGH
 Secretary: 22ND CENTURY TECHNOLOGIES, INC Tax Preparer: 22ND CENTURY TECHNOLOGIES, INC

Stock and Asset Information for this reporting year (Required)			
DATA FROM CORPORATE BALANCE SHEET: IMPORTANT: If all assets are not applicable to Arkansas, attach a copy of your balance sheet.			
3. TOTAL AUTHORIZED CAPITAL STOCK: (See instruction 9)		4. ISSUED AND OUTSTANDING CAPITAL STOCK: (See instruction 10)	
NUMBER OF SHARES	PAR VALUE EACH	NUMBER OF SHARES	PAR VALUE EACH \$ TOTAL
*a 5000	\$ 25.0000	*a 5000	X \$ 25.0000 \$ 125000
*b 0	\$	*b 0	X \$ \$ 0
*c 0	\$	*c 0	X \$ 25 \$ 0
NO PAR VALUE =\$25 PER SHARE		*d (Add 4a + 4b + 4c) Total: \$ 125000	
		NO PAR VALUE =\$25 PER SHARE	
* STATE THE NUMBER OF SHARES IN ALL CLASSES.*			

5a. $\frac{0}{0} = 0 \times \frac{125000}{125000} = 0$
 ARKANSAS ASSETS / TOTAL ASSETS PERCENTAGE = 0 x AMOUNT FROM LINE 4 = AR CAPITAL STOCK

5b. $0 \times .003 = 150$
 ARKANSAS CAPITAL STOCK x .003 = TAX DUE (IF LESS THAN \$150 PAY \$150)

I declare, under the penalties of perjury, that the foregoing statements are true to the best of my knowledge and belief.

Signed this 13 day of MARCH, 2022.
 Signature: KULPREET SINGH
 An officer listed in 2 above must sign this form in ink.

Due on or before May 1 -Substantial penalties due after May 1
Remittance must accompany this report and must be written and signed in ink.
Checks Payable to Arkansas Secretary of State • Phone (501)-682-3409 or
1-888-233-0325
Corporations Division • State Capitol Building • Little Rock,
Arkansas 72201-1094
You may file this electronically over the Internet @ <http://www.sos.arkansas.gov/>

B- CERTIFICATE OF GOOD STANDING:

3/28/2022

Arkansas Secretary of State

 [Arkansas Secretary of State](#)  [Arkansas Secretary of State](#)

Search Incorporations, Cooperatives, Banks and Insurance Companies

This is only a preliminary search and no guarantee that a name is available for initial filing until a confirmation has been received from the Secretary of State after filing has been processed. Please review our [NAME AVAILABILITY GUIDELINES HERE](#) prior to searching for a new entity name.

[Printer Friendly Version](#)

LLC Member information is now confidential per Act 865 of 2007

Use your browser's back button to return to the Search Results

[Begin New Search](#)

For service of process contact the [Secretary of State's office](#).

Corporation Name	TSCT, INC
Fictitious Names	
Filing #	811260644
Filing Type	Foreign For Profit Corporation
Filed under Act	Dom Bus Corp; 958 of 1987
Status	Good Standing
Principal Address	220 DAVIDSON AVENUE, SUITE 118 SOMERSET, NJ 8873
Reg. Agent	REGISTERED AGENTS INC
Agent Address	701 SOUTH STREET, STE 100 MOUNTAIN HOME, AR 72653
Date Filed	08/17/2020
Officers	SATVINDER SINGH , Incorporator/Organizer 22ND CENTURY TECHNOLOGIES, INC, Tax Preparer SATVINDER . SINGH , President 22ND CENTURY TECHNOLOGIES, INC, Secretary 22ND CENTURY TECHNOLOGIES, INC, Vice-President 22ND CENTURY TECHNOLOGIES, INC, Treasurer KULPREET . SINGH , Controller
Foreign Name	22ND CENTURY TECHNOLOGIES, INC
Foreign Address	220 DAVIDSON AVENUE SUITE 118 SOMERSET, NJ 08873
State of Origin	NJ

https://www.sos.arkansas.gov/corps/search_corps.php?DETAIL=564149&corp_type_id=&corp_name=TSCT&agent_search=&agent_city=&agent_stat... 1/2

C- PROFESSIONAL REFERENCES/PAST PERFORMANCES:

Reference # 1	
Client's name	County of Ventura, CA.
Client's contact name	Karis Lawson , HSA Administrative Specialist III – CFS HR and Personnel Services Liaison.
Address	855 Partridge Ave, Ventura CA.
Telephone number	805 -826 -9553.
E-mail address	Karis.Lawson@Ventura.org
A brief narrative description and scope of the service(s) and the dates the services were/are provided.	TSCTI is providing Temporary Clerical Staffing Services to County of Ventura, CA
Reference # 2	
Client's name	Polk County Board of County Commissioners, FL
Client's contact name	R. Troy Hogue , Employment and Benefits Services Manager, Equity and Human Resources Division
Address	330 W Church St, Bartow, FL 33830
Telephone number	863 -344-2704
E-mail address	troyhogue@polk-county.net
A brief narrative description and scope of the service(s) and the dates the services were/are provided.	TSCTI is providing Temporary Employee Services (Clerical & Admin) to Polk County Board of County Commissioners, FL
Reference # 3	
Client's name	Virginia Department of Professional and Occupational Regulation, VA
Client's contact name	Buddy Quimpo , Administrative Services Director
Address	9960 Mayland Drive, Suite 400, Richmond, VA 23233
Telephone number	804 -367-8520
E-mail address	quimpo@dpor.virginia.gov
A brief narrative description and scope of the service(s) and the dates the services were/are provided.	TSCTI is providing Temporary Employee Services (Clerical & Admin) to Virginia Department of Professional and Occupational Regulation, VA



D.1- BID SIGNATURE PAGE:

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:	22nd Century Technologies, Inc.		
Address:	8251 Greensboro Drive.		
City:	Mclean	State: VA	Zip Code: 22102
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit		
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> American Indian <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American		
AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>			

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:	Isha Sharma	Title:	Contract Manager
Phone:	888-998-7284	Alternate Phone:	
Email:	sledproposals@tscti.com		

CONFIRMATION OF REDACTED COPY
<input checked="" type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.
<i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>

ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.
<input type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

An official authorized to bind the Prospective Contractor to a resultant contract must sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's bid to be disqualified:

Authorized Signature: Isha Sharma Title: Contract Manager
 Printed/Typed Name: Isha Sharma Date: March 31, 2022



D.2- VENDOR AGREEMENT AND COMPLIANCE:

SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory must be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all requirements as shown in the bid solicitation.

Vendor Name:	22nd Century Technologies, Inc.	Date:	March 31, 2022
Signature:	<i>Isha Sharma</i>	Title:	Contract Manager
Printed Name:	Isha Sharma		



D.3- PROPOSED SUBCONTRACTORS FORM:

PROPOSED SUBCONTRACTORS FORM

- Do not include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.



D.4- OFFICIAL BID PRICE SHEET:

OFFICIAL BID PRICE SHEET

- All costs must be included in the hourly rate. The price per hour is a set price for all hours approved under contract.
- Quantities are estimated for bidding purposes only.
- The State may increase or decrease the number of positions as needed.

ITEM	DESCRIPTION	ESTIMATED ANNUAL HOURS PER POSITION	ESTIMATED NUMBER OF POSITIONS	PRICE PER HOUR	ANNUAL AMOUNT <i>(Estimated annual hours x estimated number of positions)</i>
1.	Temporary Clerical Positions	2,080	75	\$16.90	\$ 2,636,400.00

- Please select the area(s) the prospective contractor has the capacity to provide services. Bidders may select multiple areas:

DIVISION OF COUNTY OPERATIONS					
AREA I <input checked="" type="radio"/>	AREA II <input type="radio"/>	AREA III <input checked="" type="radio"/>	AREA IV <input checked="" type="radio"/>	AREA V <input checked="" type="radio"/>	AREA VI <input checked="" type="radio"/>
Baxter	Clay	Cleburne	Calhoun	Arkansas	Pulaski East
Benton	Craighead	Conway	Clark	Ashley	Pulaski Jacksonville
Boone	Crittenden	Faulkner	Columbia	Bradley	Pulaski North
Carroll	Cross	Johnson	Dallas	Chicot	Pulaski South
Crawford	Fulton	Lonoke	Garland	Cleveland	Pulaski Southwest
Franklin	Greene	Perry	Hempstead	Desha	Central Office
Logan	Independence	Pope	Hot Springs	Drew	
Madison	Izard	Prairie	Howard	Grant	
Marion	Jackson	Stone	Lafayette	Jefferson	
Newton	Lawrence	Van Buren	Little River	Lee	
Polk	Mississippi	White	Miller	Lincoln	
Scott	Poinsett	Woodruff	Montgomery	Monroe	
Searcy	Randolph	Yell	Nevada	Phillips	
Sebastian	Sharp		Ouachita	St Francis	
Washington			Pike		
			Saline		
			Sevier		
			Union		

E. COPY OF EQUAL OPPORTUNITY POLICY:

EEO: TSCTI is an EEO compliant company and below has provided the description of our EEO policy.

Objective: TSCTI is an equal opportunity employer. In accordance with anti-discrimination law, it is the purpose of our policy to effectuate these principles and mandates. TSCTI prohibits discrimination and harassment of any type and affords equal employment opportunities to employees and applicants without regard to race, color, religion, sex, sexual orientation, gender identity or expression, pregnancy, age, national origin, disability status, genetic information, protected veteran status, or any other characteristic protected by law. TSCTI conforms to the spirit as well as to the letter of all applicable laws and regulations.

Scope: The policy of equal employment opportunity (EEO) and anti-discrimination applies to all aspects of the relationship between TSCTI and its employees, including:

- Recruitment.
- Employment.
- Promotion.
- Transfer.
- Training.
- Working conditions.
- Wages and salary administration.
- Employee benefits and application of policies.

The policies and principles of EEO also apply to the selection and treatment of independent contractors, personnel working on our premises who are employed by temporary agencies and any other persons or firms doing business for or with TSCTI.

Dissemination and Implementation of Policy: The EEO Coordinator and Manager of TSCTI will be responsible for the dissemination of this policy. Directors, Managers and Supervisors are responsible for implementing equal employment practices within each department. The HR department is responsible for overall compliance and will maintain personnel records in compliance with applicable laws and regulations.

Procedures: TSCTI administers our EEO policy fairly and consistently by:

- Posting all required notices regarding employee rights under EEO laws in areas highly visible to employees.
- Advertising for job openings with the statement "*We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity or expression, pregnancy, age, national origin, disability status, genetic information, protected veteran status, or any other characteristic protected by law.*"
- Posting all required job openings with the appropriate state agencies.
- Forbidding retaliation against any individual who files a charge of discrimination, opposes a practice believed to be unlawful discrimination, reports harassment, or assists, testifies or participates in an EEO agency proceeding.
- Requires employees to report to a member of management, an HR representative or the general counsel any apparent discrimination or harassment. The report should be made within 48 hours of the incident.
- Promptly notifies the general counsel of all incidents or reports of discrimination or harassment and takes other appropriate measures to resolve the situation.

Harassment: Harassment is a form of unlawful discrimination and violates TSCTI policy. Prohibited sexual harassment, for example, is defined as unwelcome sexual advances, request for sexual favors and other verbal or physical conduct of a sexual nature when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment.
- Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individuals.
- Such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

Harassment also includes unwelcome conduct that is based on race, color, religion, sex, sexual orientation, gender identity or expression, pregnancy, age, national origin, disability status, genetic information, protected veteran status, or any other characteristic protected by law. Harassment becomes unlawful where:

- Enduring the offensive conduct becomes a condition of continued employment, or
- The conduct is severe or pervasive enough to create a work environment that a reasonable person would consider intimidating, hostile, or abusive.

TSCTI encourages employees to report all incidents of harassment to EEO Coordinator/Manager or the HR department. TSCTI conducts harassment prevention training for all employees, and maintains and enforces a separate policy on harassment prevention, complaint procedures and penalties for violations. TSCTI investigates all complaints of harassment promptly and fairly, and, when appropriate, takes immediate corrective action to stop the harassment and prevent it from recurring.

Remedies: Violations of this policy, regardless of whether an actual law has been violated, will not be tolerated. TSCTI will promptly, thoroughly and fairly investigate every issue that is brought to its attention in this area and will take disciplinary action, when appropriate, up to and including termination of employment.

Below we have provided EEO report for the consideration of OP. This report we had submitted to one of our Client “DART”. We can provide the EEO Report in any specific Format provided the OP.

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P-2064418

SECTION D-EMPLOYMENT DATA											
Employment at this establishment -- Report all permanent full-time and part-time employees including apprentices and on-the-job trainees unless specifically excluded as set forth in the instructions. Enter the appropriate figures on all lines and in all columns. Blank spaces will be considered zeros.											
JOB CATEGORIES	NUMBER OF EMPLOYEES										
	Overall Totals (Sum of Col. B Thru K)	MALE					FEMALE				
		White (Not of Hispanic Origin)	Black (Not of Hispanic Origin)	Hispanic	Asian or Pacific Islander	American Indian or Alaskan Native	White (Not of Hispanic Origin)	Black (Not of Hispanic Origin)	Hispanic	Asian or Pacific Islander	American Indian or Alaskan Native
Officials/Managers	52	8	1	0	1	19	10	6	4	3	0
Professionals	2406	650	379	85	150	11	645	322	77	79	8
Technicians	464	142	135	33	20	21	35	57	8	5	8
Sales Workers	4	0	1	0	0	3	0	0	0	0	0
Office & Clerical	2248	319	263	36	27	3	679	705	135	67	14
Craft Workers (Skilled)	51	30	11	5	2	0	0	3	0	0	0
Operatives (Semi-Skilled)	126	42	42	13	2	6	15	11	1	4	1
Laborers (Unskilled)	246	72	72	29	3	2	31	32	9	0	1
Service Workers	522	47	47	13	19	5	35	293	8	8	1
TOTAL	6119	1310	981	214	224	70	1450	1429	242	166	33
Answer if not consolidated report:			Dates of Payroll Period Used 15 & 30/31 day of month payroll generated twice				Does the establishment employ apprentices?				
SECTION E - CERTIFICATION											
(See Instructions concerning certification in Exhibit G)											
Check One:	<input type="checkbox"/> All reports are accurate and were prepared in accordance with the instructions (check on consolidated only) <input checked="" type="checkbox"/> This report is accurate and was prepared in accordance with the instructions.										
Name/Title of Certifying Official Caroline Rist/Contract Administrator					Signature <i>C. Rist</i>				Date: Oct 27, 2021		
Contact Name Kulpreet Singh			Address (Number & Street) 8251 Greensboro Drive Suite 900.								
Title Office Manager			City & State McLean VA		Zip Code 22102		Telephone 888-99-(87284)		Extension		



F. BIDDER MUST SUBMIT SIGNED/COMPLETED ATTACHMENT A – EO 98-08 DISCLOSURE FORM:

Contract Number _____
Attachment Number _____
Action Number _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: SUBCONTRACTOR NAME: Yes No

TAXPAYER ID NAME: IS THIS FOR: Goods? Services? Both?

YOUR LAST NAME: FIRST NAME: M.I.:

ADDRESS:

CITY: STATE: ZIP CODE: COUNTRY:

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Position of Job Held <small>(senator, representative, name of board/ commission, data entry, etc.)</small>	For How Long?		What is the person(s) name and how are they related to you? <small>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]</small>	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (√)		Name of Position of Job Held <small>(senator, representative, name of board/ commission, data entry, etc.)</small>	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

None of the above applies

DHS Revision 11/05/2014



Contract Number _____
Attachment Number _____
Action Number _____

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature Isha Sharma Title Contract Manager Date March 31, 2022

Vendor Contact Person Isha Sharma Title Contract Manager Phone No. (888) 998-7284

Agency use only

Agency Number 0710 Agency Name Department of Human Services Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____

DHS Revision 11/05/2014



ACKNOWLEDGEMENT TO ADDENDA/ADDENDUM:

Hereby, we would like to inform Office of Procurement that we have not found any other amendment or Addendum as of **March 28, 2022**, if after submitting our proposal the Office of Procurement release any Amendment or Addendum, we will prefer opportunities to make the modifications in response according to addendum.