

BID RESPONSE PACKET
710-25-053
Psychological Services/CHDC



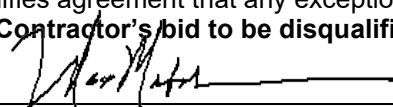
BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:	TotalMed LLC dba TotalMed Staffing		
Address:	221 W College Avenue, 2nd Floor		
City:	Appleton	State: WI	Zip Code: 54911
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 checked="" type="checkbox"/> Not Applicable <input 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 Minority and Women-Owned Business Policy			
PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for bid solicitation related matters.			
Contact Person:	Mason Mitchell	Title:	Vice President Client Solutions
Phone:	(919) 272-6886	Alternate Phone:	
Email:	mmitchell@staffency.com		
CONFIRMATION OF REDACTED COPY			
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" 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 checked="" 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:

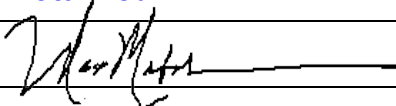
Authorized Signature:  Title: Vice President Client Solutions

Printed/Typed Name: Mason Mitchell Date: 3/3/2025

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:	TotalMed LLC	Date:	3/3/2025
Signature:		Title:	Vice President Client Solutions
Printed Name:	Mason Mitchell		

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.**

DOCUMENTATION CHECKLIST

As outlined in section 2.3 Minimum Qualifications in the solicitation document, please provide the following:

- For Psychological Examiner – psychological examiners license by the Arkansas State Board of Examiners.
- For School Psychology Specialist –certification as a School Psychology Specialist by the Arkansas Department of Education.
- Active registration from the Arkansas Secretary of State's Office, or other state approved documentation
- Official Bid Price Sheet
- All documents provided in the bid response packet
- Copy of Vendor's Equal Opportunity Policy
- Signed Addenda, if applicable
- EO 98-04 Disclosure Form (Attachment A)
- Combined Certifications (Attachment H)

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

IS THIS FOR:

TAXPAYER ID NAME:

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:

F O R I N D I V I D U A L S *

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 [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	
	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

F O R A N E N T I T Y (B U S I N E S S) *

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 [senator, representative, name of board/commission, data entry, etc.]	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

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 _____ Title _____ Date _____

Vendor Contact Person _____ Title _____ Phone No. _____

Agency use only

Agency Number _____ Agency Name _____ Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____

b. Copy of TotalMed's Equal Opportunity Statement (Internal)

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

The Company provides equal employment opportunities (EEO) to all employees and applicants without regard to race, color, religion, gender, sexual orientation, gender identity, national origin, age, disability, genetic information, marital status, amnesty, or status as a covered veteran in accordance with applicable Federal, State, and Local laws. The Company complies with all applicable Federal, State, and Local laws governing nondiscrimination of employment in every location in which the Company operates. This policy applies to all terms and conditions of employment, including but is not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leave of absence, compensation, and training.

The Company expressly prohibits any form of unlawful harassment based on race, color, religion, gender, sexual orientation, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of the Company employees to perform their expedited job duties is not tolerated and is prohibited.

Diversity, Equity, Inclusion and Belonging (DEIB) Policy

Company Values

Integrity · Internally Driven · Fun · Respect

Purpose

TotalMed is committed to fostering a diverse, equitable, and inclusive workplace where every individual feels valued, respected, and empowered to contribute their unique talents and perspectives. We believe that **diversity** enriches our organization, **equality** drives our innovation, **inclusion** and **belonging** strengthen our ability to achieve our mission to serve our clients and communities effectively, creating value for employees, business partners, and all other stakeholders.

Scope

This DEIB Policy applies to leadership, employees and consultants, agents, representatives, suppliers, partners, and contingent workers when they act on behalf of TotalMed. It is intended to complement local statutory provisions.

Policy Details

1. **Diversity:** We recognize the beauty and value in having diverse individuals coming together to create, grow, and lead our company forward. Our culture celebrates differences in race, color, creed, gender identity and expression, religion, marital status, registered domestic partner status, age, national origin or ancestry, citizenship, physical or mental disability, medical condition, sex, genetic information, sexual orientation, veteran status and the intersection of the aforementioned characteristics which makes every background a unique addition to our community.
2. **Equity:** We are committed to creating a fair and equitable workplace where all employees have equal opportunities for recruitment, hiring, training, advancement, and professional development. We actively work to identify and eliminate barriers to equity and address systemic inequalities.
3. **Inclusion:** We promote an inclusive culture where every individual feels welcomed, supported, and valued for who they are. We encourage open dialogue, collaboration, and mutual respect, and actively seek input from diverse perspectives to inform our decision-making processes.
4. **Belonging:** We are dedicated to fostering a sense of belonging for all employees and stakeholders. Our aim is to create an environment where every individual feels connected, supported, and integral to our collective success. We emphasize the importance of building strong, inclusive relationships and ensuring that everyone feels they have a voice and a place within our organization. By nurturing an atmosphere where every team member feels genuinely valued and included, we enhance engagement, collaboration, and overall organizational effectiveness.

Implementation:

Ultimately, leadership and managers are responsible for meeting the above commitments. However, this policy takes a community of all employees, contractors, partners, and visitors to strive towards an inclusive and safe environment for all.

This policy will be communicated to all employees and stakeholders and incorporated into our employee handbook and orientation materials. We will provide training and resources to educate employees about diversity, equity, and inclusion issues and empower them to be advocates for positive change. We will

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regularly review and evaluate our progress towards diversity, equity, and inclusion goals, collect feedback from employees, and make adjustments as needed to ensure the effectiveness of our efforts.

Our Responsibilities:

Leadership: Our leadership team is responsible for championing diversity, equity, and inclusion initiatives, setting clear goals and expectations, and allocating resources to support these efforts.

Managers: Our managers play a crucial role in creating an inclusive work environment, fostering diversity in their teams, and addressing any instances of discrimination, harassment, or bias.

Employees: Every employee is responsible for promoting diversity, equity, and inclusion in their daily interactions and behaviors, treating others with respect and dignity, and actively participating in efforts to create a more inclusive workplace.

Strategic Partners: Our strategic partners are integral to our DEIB efforts, and we expect them to share our commitment to diversity, equity, and inclusion. They are responsible for aligning their practices with our DEIB values, collaborating with us to foster inclusive environments, and contributing to our collective efforts to eliminate barriers and promote equity. Through regular communication and joint initiatives, we work together to ensure that our partnerships reflect and support our DEIB goals.

Definitions

Definitions are based on this particular policy and are not to be used in defining similar or same words in other policies.

- N/A

Related Documents

- N/A

c. Signed addenda to this IFB, if applicable. Reviewed Website Link - N/A

Details

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

LLC Member information is now confidential per Act 865 of 2007

For access to our corporations bulk data download service [click here](#).

Corporation Name
TOTALMED LLC

Fictitious Names
TOTALMED STAFFING

Filing #
811443141

Filing Type
Foreign Limited Liability Company

Filed Under Act
Foreign LLC; Act 1041 of 2021

Status
Good Standing

Principal Address
221 W COLLEGE AVENUE , FLOOR2 APPLETON, WI 54911

Reg. Agent
CORPORATION SERVICE COMPANY

Agent Address
300 SPRING BUILDING, SUITE 900 300 SPRING STREET LITTLE ROCK, AR 72201

Date Filed
06/22/2023

Officers
JASON BECK, Incorporator/Organizer
DANIEL GUZMAN, Tax Preparer

Foreign Name
TOTALMED LLC

Foreign Address

221 W COLLEGE AVENUE , FLOOR2 APPLETON, WI 54911

State of Origin

DE

[Purchase a Certificate of Good Standing for this Entity.](#)

[Pay Franchise Tax for this corporation](#)

Licensure and Certification Compliance

TotalMed is committed to maintaining the highest standards of compliance by ensuring that all required licensure and certification documents are thoroughly vetted and submitted as part of this solicitation response. We recognize the critical importance of credential verification in safeguarding the integrity and quality of the healthcare professionals we provide.

As part of our rigorous credentialing and compliance process, TotalMed ensures that:

1. **Comprehensive Documentation Submission** – All required licensure and certification documents for candidates are collected, verified, and stored in our credentialing system. Copies of these documents are included in our response to this solicitation, in accordance with the “Response Documents” section.
2. **Primary Source Verification** – We conduct primary source verification (PSV) through state licensing boards, national certification organizations, and applicable regulatory bodies to confirm the authenticity and validity of each credential. This process ensures compliance with state and federal requirements.
3. **Ongoing Compliance Monitoring** – Our credentialing team proactively monitors licensure and certification expiration dates and notifies candidates well in advance of renewals to prevent any lapse in compliance. Additionally, we conduct periodic audits to verify continued adherence to regulatory standards.
4. **Stakeholder Review Prior to Placement** – Candidate profiles, including licensure and certification documents, are presented to key stakeholders for review prior to extending offers. This ensures that each candidate meets not only the required qualifications but also aligns with the cultural and operational goals of the facility.
5. **Secure and Accessible Documentation** – All licensure and certification documents are securely stored and easily accessible for compliance audits, contract reporting, and real-time verification, ensuring transparency and efficiency in the hiring process.

By adhering to this rigorous process, TotalMed guarantees that all healthcare professionals provided under this contract meet the highest standards of credentialing, compliance, and professional readiness. We are confident that our approach will contribute to the seamless integration of qualified candidates into the facility’s workforce while maintaining regulatory compliance at every stage.