



# Adelphi Medical Staffing

**BID RESPONSE SUBMITTED TO:**



**ARKANSAS DEPARTMENT OF HUMAN SERVICES  
DIVISION OF DEVELOPMENTAL DISABILITIES  
SERVICES**

**IFB: 710-24-064  
DENTAL HYGIENE SERVICES  
APRIL 3<sup>RD</sup> 2024, 1:00 PM CST**

Prepared by  
**Dayne Troupe, Managing Partner**  
**Adelphi Medical Staffing, LLC**  
965 Geneva Walk NW  
Kennesaw, GA, 30152  
Tel: 678-365-1101; Fax: 678-257-2992  
[govt@adelphimedicalstaffing.com](mailto:govt@adelphimedicalstaffing.com)

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# BID RESPONSE PACKET

***BID RESPONSE PACKET***  
***710-24-064***

# BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:	Adelphi Medical Staffing, LLC		
Address:	3651 Peachtree Pkwy, Suite E439		
City:	Suwanee	State: GA	Zip Code: 30024-6034
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 LLC <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 #: <u>  N/A  </u> * 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:	Dayne Troupe	Title:	Managing Partner
Phone:	678-365-1101	Alternate Phone:	
Email:	govt@adelphimedicalstaffing.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: Dayne Troupe                      Title: Managing Partner  
 Printed/Typed Name: Dayne Troupe                      Date: 3/27/2024

## 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.

Adelphi Medical Staffing, LLC has no exceptions to the requirements outlined in this solicitation.

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

<b>Vendor Name:</b>	Adelphi Medical Staffing, LLC	<b>Date:</b>	3/27/2024
<b>Signature:</b>		<b>Title:</b>	Managing Partner
<b>Printed Name:</b>	Dayne Troupe		

## MINIMUM QUALIFICATIONS

- *The Prospective Contractor must provide the name and location of the dental hygienist that will provide services under any resulting contract of this solicitation. Please provide the name and physical address below.*

<b>Name</b>	<b>Physical Address</b>
Tara Scott - Registered Dental Hygienist	22901 Chenal Valley Drive, Little Rock, AR 72223

Distance from facility (CHDC): 35mins

# DOCUMENTATION CHECKLIST

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

- 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)
- Attachment G Client History Form
- Current copy of certification to practice dental hygiene



## PROPOSED SUBCONTRACTORS FORM

Prospective Contractors **shall** complete the form for all subcontractors the Prospective Contractor proposes to use under a resulting contract ([Services Contract \(SRV-1\) Fillable Form](#) or [Standard Commodities Contract Template](#), section 14). If the Prospective Contractor does not intend to use subcontractor(s), Prospective Contractor should indicate so by checking the appropriate box.

Prospective Contractors should 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) under a resulting contract:**

SUBCONTRACTOR'S COMPANY NAME	STREET ADDRESS	CITY, STATE, ZIP
N/A		

**Prospective Contractor does not propose to use subcontractors under a resulting contract.**

## 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: Adelphi Medical Staffing, LLC IS THIS FOR: **Goods?** **Services?** **Both?**

YOUR LAST NAME: Troupe FIRST NAME Dayne M.I.: \_\_\_\_\_

ADDRESS: 3651 Peachtree Pkwy, Suite E439

CITY: Suwanee STATE: GA ZIP CODE: 30024-6034 --- 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

## 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 Dayne Troupe Title Managing Partner Date 3/27/2024

Vendor Contact Person Dayne Troupe Title Managing Partner Phone No. 678-365-1101

*Agency use only*

Agency Number \_\_\_\_\_ Agency Name \_\_\_\_\_ Agency Contact Person \_\_\_\_\_ Contact Phone No. \_\_\_\_\_ Contract or Grant No. \_\_\_\_\_

***Attachment G***  
***Client History Form***  
***Dental Hygiene Services***  
***710-24-064***

# Attachment G

## Client History Form

*Instructions:* This form is intended to help the State gain a more complete understanding of each Respondent's dental hygienist experience. This form **must** be completed completely and accurately.

The State reserves the right to verify the accuracy of these answers by contacting any of the listed clients, and all applicable clients **must** be listed. Omission of a client will constitute a failure to complete this form.

For purposes of this form, the "client" is not an individual but the entity which held the contract. By way of explanation, in the Contract resulting from this IFB, Arkansas DHS will be the client. For each listed client, Respondents may (but are not required) provide the contact information for a person at the client entity who is knowledgeable of the named project. If the State contacts clients listed on this form, the State reserves the right to contact the listed individual or another person at the listed client.

The boxes below each prompt will expand if necessary. The form **must** be signed (please see the final page) by the same signatory who signed the Signature Page located in the response packet.

1. Please list at least three (3) clients where you (the prime contractor only) **served as the prime contractor** providing dental hygiene services for individuals with intellectual disabilities. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please provide a description of the services, population served, duration of services provided, location, and client contact information. If there are no contracts which meet this definition, please state "none."

Our firm, Adelphi Medical Staffing, LLC, is pleased to present Tara Scott, a highly experienced Dental Hygienist whose expertise perfectly matches the requirements of this contract. Her resume and credentials are included in subsequent pages of this response. Her experience working with individuals with intellectual disabilities is as outlined below:

**ORGANIZATION 1:**

Name of Organization - Barry Scott DDS  
State: - Arkansas  
Population Served - IDD  
Duration of Services Provided - 7 years  
Contact Information - 918-1058-8072

**ORGANIZATION 2:**

Name of Organization - Samaritan House Community Center  
State: - Arkansas  
Population Served - Homeless. IDD  
Duration of Services Provided - 2 years  
Contact Information - Debbie Rambo, Executive Director - (479) 872-1115

**ORGANIZATION 3:**

Name of Organization - Marcus Black, DDS  
State: - Arkansas  
Population Served - IDD, general population.  
Duration of Services Provided - 1 year  
Contact Information - (479) 464-0900

**Authorized Signature:** Dayne Troupe **Title:** Managing Partner  
*Use Ink Only.*

**Printed/Typed Name:** Dayne Troupe **Date:** 3/27/2024



# MINIMUM QUALIFICATIONS DOCUMENTATION: BIDDER LICENCES AND CERTIFICATIONS

# STATE OF ARKANSAS



**John Thurston**

ARKANSAS SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

I, John Thurston, Arkansas Secretary of State of Arkansas, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of

## **Application for Certificate of Registration of For. LLC**

of

## **ADELPHI MEDICAL STAFFING, LLC**

filed in this office

June 22, 2022

**In Testimony Whereof**, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 22nd day of June 2022.



  
John Thurston  
Secretary of State

Online Certificate Authorization Code: 54703162b4be806f04b  
To verify the Authorization Code, visit [sos.arkansas.gov](http://sos.arkansas.gov)



# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**Adelphi Medical Staffing, LLC**  
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 26193706  
Date Inc/Auth/Filed: 01/17/2017  
Jurisdiction : Georgia  
Print Date : 11/21/2023  
Form Number : 211



*Brad Raffensperger*

**Brad Raffensperger**  
Secretary of State

# CERTIFICATE OF DISTINCTION

*has been awarded to*

Adelphi Medical Staffing, LLC

Kennesaw, GA

*for*

Health Care Staffing

*by*




The Joint Commission

*based on a review of compliance with national standards.*

September 22, 2022

*Certification is customarily valid for up to 24 months.*

  
Jane Englebright, PhD, RN, CENP, FAAN  
Chair, Board of Commissioners

ID #664336

Print/Reprint Date: 09/22/2022

  
Jonathan B. Perlman, MD, PhD, MSHA, MACP, FACMI  
President and Chief Executive Officer

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in certified organizations. Information about certified organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding certification and the certification performance of individual organizations can be obtained through The Joint Commission's web site at [www.jointcommission.org](http://www.jointcommission.org).



This reproduction of the original certification certificate has been issued for use in regulatory/payer agency verification of certification by The Joint Commission. Please consult Quality Check on The Joint Commission's website to confirm the organization's current certification status and for a listing of the organization's locations of care.

**PROVIDER  
QUALIFICATIONS:  
TARA SCOTT  
(WELL EXPERIENCED REGISTERED  
DENTAL HYGIENIST)**

# RESUME

## TARA HEARN, RDH

1050 SW Cabiolet St. Bentonville, AR • [REDACTED]



### OBJECTIVE

---

√ I want to obtain a challenging position as a hygienist and to be a asset. With my skills and knowledge I want to teach and help patients the value of good dental health." I am still trying to partner with other dental professionals to improve dental health ."

### WORK EXPERIENCE

---

**Marquee, Aspen, Marcus Black DDS**

August 2021-October 2023

√ Un-retired Trying to find a good work place.

**Dentist 4 You**

August 2018-August 2019

**Farmington Dental and Orthodontics**

June 2015-October 2018

**Yes! Dental Grand Junction, Colorado**

September 2014- May 2015

**Monarch Dental Associates**

February 2013-August 2014

**Northwest Arkansas Periodontal Associates**

**Charles White DDS MS ( Periodontist)**

February 2012-March 2013

**Barry Scott DDS**

August 1992- May 1999 July 1999-January 2012

### REFERENCES

---

√ D. Ross Atkinson, DDS, MS Periodontist Hot Springs, AR

√ Osbourne, Curry, Shelton Northwest Periodontal Associates

√ Crystal Govitz, RDH

### EDUCATION

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**University of Arkansas- Fort Smith**

August 1985-May 1987

**University of Arkansas for Medical Science**

August 1990-May 1992

### PROFESSIONAL

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√ -Served as President of the Razorback Dental Hygiene Study Club for 10 years

√ -Volunteered at Fayetteville Free Dental Clinic, Samaritan House Dental Clinic, and Arkansas Mission of Mercy

Board of Dental Examiners  
State of Arkansas



To All Whom It May Concern, Greeting:

**Tara Lynn Kauffman**

HAS DULY QUALIFIED AS REQUIRED BY LAW, AND IS THEREFORE AUTHORIZED TO PRACTICE DENTAL HYGIENE IN THE STATE OF ARKANSAS.

IN WITNESS WHEREOF, WE HEREUNTO AFFIX THE SIGNATURES OF THE PROPER OFFICERS, AND SEAL OF THE ARKANSAS STATE BOARD OF DENTAL EXAMINERS, THIS 19th DAY OF June 1992.

Kenneth W. Lorum, DDS  
President

Edward F. Omer, DDS  
Secretary

Linda A. Johnson, RPH  
Hygienist Board Member

1001  
License Number

# University of Arkansas for Medical Sciences

College of Health Professions  
To all to whom these presents may come

Be it known that  
**Tara Lynn Kaufman**

*has completed successfully the prescribed course of study and has duly  
and faithfully complied with all other requirements of the degree.*

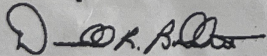
**Associate of Science in Dental Hygiene**

*Upon the recommendation of the Faculty of the College and  
with approval of the Board of Trustees this degree is conferred by the  
University of Arkansas for Medical Sciences.*

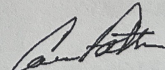
Date **May 16, 1992**

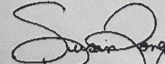
*Little Rock, Arkansas*

  
CHAIRMAN OF THE BOARD OF TRUSTEES

  
PRESIDENT OF THE UNIVERSITY



  
CHANCELLOR

  
DEAN OF THE COLLEGE

**CERTIFIED COPY**  
I certify that this is an accurate and true  
copy of the official UAMS diploma.  
Questions may be directed to the Office  
of the University Registrar,  
901-686-5113 / registrar@uams.edu

Registrar Student  
Records & Certifications  
Title  
Phyllis E. L. Loyd 7-20-2022  
UAMS Official Name  
Phyllis E. Loyd  
Signature  
Date

## Clinician Peer Reference Form

**Name of Applicant/Candidate \***

Tara Deaton Scott

**Reference Given By \***

C. Barry Scott D.D.S.

**Facility where you observed the candidate's clinical skills directly \***

Barry Scott DDS, PA

**Date of Employment (Ex. 1/2022 - 3/2022) \***

9/1992 - 9/1999

**Your Practicing Specialty \***

General

**Relationship To Applicant \***

- Supervisor
- Co-worker
- Professional
- Other

This evaluation should be based on demonstrated performance compared to that reasonably expected of a candidate at his/her level of training, experience and background.

Please complete the evaluation using the following codes:

**0-No knowledge, 1-Poor, 2-Below Average, 3-Average, 4-Above Average, 5-Excellent**

# Clinician Peer Reference Form

## Performance Evaluation \*

	0	1	2	3	4	5
Clinical Competence *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Accurately Documents *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Patient Communication Skills *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Patient Management *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Professional Attributes \*

	0	1	2	3	4	5
Teamwork & Collaboration *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Adaptability / Dependability *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Leadership Ability *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Interpersonal Skills *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Teaching Ability *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reliability & Attendance *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Please comment on this candidate's most distinguishing personal attributes and professional strengths or any other relevant comments:**

Loves people, kind caring will go the extra mile . Very knowledgeable, in dentistry and pharmacology. Children have a special place in her heart

## My Recommendation \*

- Recommend without reservation
- Recommend with the below noted reservations
- Do not recommend


## Noted Reservations:



# Clinician Peer Reference Form

I affirm that the information I have provided on this form is true and accurate to the best of my knowledge. By submitting this it, I authorize its use by potential healthcare employers for the purposes of consideration for employment for aforementioned applicant/candidate. \*

**Signature \***

A large rectangular box containing a handwritten signature in black ink. The signature is written in a cursive style and appears to read "Charles Barry Scott".

**Name \***

Charles Barry	Scott
---------------	-------

*First*

*Last*

**Date \***

19-Mar-2024

*dd-MMM-yyyy*

# BIDDER'S EQUAL OPPORTUNITY POLICY

# EQUAL OPPORTUNITY POLICY

Adelphi Medical Staffing LLC provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, Adelphi Medical Staffing LLC complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

Any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability or veteran status is expressly prohibited.

We are committed to a diverse workforce. We value all employees' talents and support an environment that is inclusive and respectful. We are strongly committed to this policy and believe in the concept and spirit of the law.

We are committed to ensuring that:

- ❑ All recruiting, hiring, training, promotion, compensation and other employment-related programs are provided fairly to all persons on an equal opportunity basis.
- ❑ Employment decisions are based on the principles of equal opportunity. All personnel actions such as compensation, benefits, transfers, training, and participation in social and recreational programs are administered without regard to any characteristic protected by state, federal or local law.
- ❑ Employees and applicants will not be subjected to harassment, intimidation, threats, retaliation, coercion or discrimination because they have exercised any right protected by law.
- ❑ Reasonable accommodations will be made for disabilities and religious beliefs.

We believe in and practice equal opportunity. The Director of Human Resources serves as our Equal Opportunity Coordinator and has overall responsibility for ensuring compliance with this policy. All employees are responsible for supporting the concept of equal opportunity and diversity and assisting our Company in meeting its objectives.

# ADDENDUM ACKNOWLEDGEMENT

State of Arkansas  
DEPARTMENT OF HUMAN SERVICES  
700 South Main Street  
P.O. Box 1437 / Slot W345  
Little Rock, AR 72203

**ADDENDUM 1**

**TO:** All Addressed Vendors  
**FROM:** Office of Procurement  
**DATE:** March 22, 2024  
**SUBJECT:** Dental Hygiene Services (710-24-064)

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The following change(s) to the above referenced IFB have been made as designated below:

- Change of specification(s)
- Additional specification(s)
- Change of bid opening date and time
- Cancellation of bid
- Other

---

Section 2.3.D. - remove and replace with the following:

The dental hygienist **must** have a minimum of (1) one year of experience in providing dental hygiene services for individuals with intellectual disabilities. For verification purposes, Prospective Contractor must complete and provide with bid submission Attachment G Client History Form.


**CHANGE OF BID OPENING DATE AND TIME**

- New Date and Time for Bid Submission: April 3, 2024, at 1:00 p.m., CST
- New Date and Time for Bid Opening: April 3, 2024, at 2:00 p.m., CST

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The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Arnetia Dean, [DHS.OP.Solicitations@dhs.arkansas.gov](mailto:DHS.OP.Solicitations@dhs.arkansas.gov) or via phone at 501-683-5969.

	3/27/2024
_____ Vendor Signature	_____ Date
_____ Adelphi Medical Staffing, LLC	
Company	