

BID RESPONSE PACKET
710-25-021

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:	ACA GPS, LLC		
Address:	500 FAWN HILL PL		
City:	SANFORD	State:	FL Zip Code: 32771
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 <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:	TRISH MOYNIHAN	Title:	Vice President of Sales & Marketing
Phone:	470-239-5524 xt 4050	Alternate Phone:	770-310-8550 (cell)
Email:	trish.moynihan@acagps.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>			
COMBINED CERTIFICATIONS FORM			
Prospective Contractor has included, in this submission packet, the signed Attachment H-Combined Certifications for Contracting with the State of Arkansas.			

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

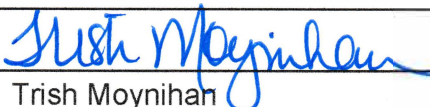
The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* **will cause Prospective Contractor's bid to be disqualified:**

Authorized Signature: Trish Moynihan Title: VP of Sales + Marketing
 Printed/Typed Name: TRISH MOYNIHAN Date: 01-03-2025

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:	ACA GPS, LLC	Date:	01-03-2025
Signature:		Title:	VP of Sales & Marketing
Printed Name:	Trish Moynihan		

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.

ACA GPS, LLC
Josh Magrinihan
01-03-2025

DOCUMENTATION CHECKLIST

As outlined in section 2.4 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
- Letter of Bondability
- 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 Form (Attachment H)
- Client History Form (Attachment I)



Statement of Qualifications – ACA GPS, LLC

ACA GPS has developed a cloud-based SaaS application, ACA Management Tool®, which provides access control based on user permissions. The Tool® has a public facing member portal that can be modified based on the needs of our clients. A subscription includes employer mandate regulatory training and a dedicated support person.

ACA GPS was one of the first companies to receive approval from the IRS to use software to transmit 1094/1095 forms through the ACA Information Returns System (AIRS). We are authorized as a software developer and transmitter with approval to submit all Series C and Series B forms for private sector businesses, state and local governments and insurance companies. (See “IRS Credentials”.)

As a commitment to our customers, ACA GPS has received and maintains SOC 2, Type II certification. We are also AZRamp approved and NIST Moderate compliant.

All data is housed within AWS (Amazon Web Servers). AWS is SOC 2 Type 2 compliant. ACA GPS utilizes multiple regions within AWS, all within the United States, for data redundancy purposes. All data is encrypted both in transit and at rest. The first five digits of Social Security numbers are masked within the Tool and on any printed or downloaded 1095 forms.

Website access is encrypted using HTTPS TLS 1.2 with a limited number of cyphers and has an A+ rating. Visit this link:

<https://www.ssllabs.com/ssltest/analyze.html?d=www.acatool.com&hideResults=on>

ACA GPS currently provides ACA compliance and reporting services to over 800 employers across the United States. We support a wide variety of clients in many different industries and at various levels of government. Clients range from small self-funded employers to State Medicaid programs covering 1.2 million lives.

For all previous tax years, ACA GPS has experienced a 100% on time distribution and filing service level for all clients.

ACA Management Tool® is also used by numerous Third-Party Administrators (TPAs) to ensure their clients achieve and maintain compliance with the Affordable Care Act.

IRS Credentials – ACA GPS, LLC – Page 1 of 4



e-services

Online Tutorials

Mailbox

Modify PIN

Profile

Contact Us

External Services Authorization Management > Application Summary

[Firm Information](#)
[Application Details](#)
[Authorized Users](#)
[Application Comments](#)
[Application Summary](#)
[Application Submission](#)

Doing Business as Name: ACA GPS, LLC | EIN: 47-2034019

Application Type: ACA Application for TCC | Tracking Number: 20150629012325000022

Application Status: Completed

Application Summary

[Print](#) | [Home](#)

Firm

Firm/Organization Legal Name: ACA GPS, LLC
Business Structure: Corporation
Business Address: 500 Fawn Hill Pl
Business Address City/State/Postal Code: Sanford, FL 32771
Phone Number: (470) 239-5524
Mailing Address: 500 Fawn Hill Pl
Mailing Address City/State/Postal Code: Sanford, FL 32771
Firm Suitability Status: Completed

Authorized User(s)

Terms of Agreement Status (N/A, Pending, Signed or Not Needed) provides the Authorized Users' signature status and who signed for the last action(s). The ACA application requires signatures of either all Responsible Official(s) or all 'approved' Authorized Delegate(s) for successful processing.

Showing Items 1 to 4 of 4

Page 1

Role Id	Organization Role	Name	Terms of Agreement Status
1	Responsible Official	Curtis P Reddecliff	Signed
1	Responsible Official	Leonard J Stemmerman	Signed
3	Contact	Curtis P Reddecliff	N/A
3	Contact	Leonard J Stemmerman	N/A

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Page 1

TCC Information

Role	TP Indicator	TCC	Status
Transmitter	P		Active
Software Developer	T		Active

IRS Credentials – ACA GPS, LLC – Page 2 of 4

Form T/P Indicators

Showing items 1 to 10 of 12 Page 1 Next >>

Role	Forms	T/P Indicator	Transmission Method
Transmitter	1094/1095B	P	ISS-A2A - System Enroller, ISS-UI for ACA Internet Transmitter
	1094/1095C	P	ISS-A2A - System Enroller, ISS-UI for ACA Internet Transmitter
Software Developer 2014 Online	1094/1095C	T	ISS-UI for ACA Internet Transmitter
	1094/1095B	T	ISS-UI for ACA Internet Transmitter, ISS-UI for ACA Internet Trans
Software Developer 2015 Online	1094/1095B	T	ISS-A2A - System Enroller, ISS-UI for ACA Internet Transmitter
	1094/1095C	T	ISS-A2A - System Enroller, ISS-UI for ACA Internet Transmitter
Software Developer 2016 Online	1094/1095B	T	ISS-A2A - System Enroller, ISS-UI for ACA Internet Transmitter
	1094/1095C	T	ISS-A2A - System Enroller, ISS-UI for ACA Internet Transmitter
Software Developer 2017 Online	1094/1095C	T	ISS-UI for ACA Internet Transmitter, ISS-UI for ACA Internet Trans
	1094/1095B	T	ISS-UI for ACA Internet Transmitter, ISS-UI for ACA Internet Trans
Software Developer 2018 Online	1094/1095B	T	ISS-UI for ACA Internet Transmitter, ISS-UI for ACA Internet Trans
	1094/1095C	T	ISS-UI for ACA Internet Transmitter, ISS-UI for ACA Internet Trans
Software Developer 2019 Online	1094/1095C	T	ISS-UI for ACA Internet Transmitter, ISS-UI for ACA Internet Trans
	1094/1095B	T	ISS-UI for ACA Internet Transmitter, ISS-UI for ACA Internet Trans
Software Developer 2020 Online	1094/1095C	T	ISS-UI for ACA Internet Transmitter, ISS-UI for ACA Internet Trans
	1094/1095B	T	ISS-UI for ACA Internet Transmitter, ISS-UI for ACA Internet Trans
Software Developer 2021 Online	1094/1095C	T	ISS-UI for ACA Internet Transmitter, ISS-UI for ACA Internet Trans
	1094/1095B	T	ISS-UI for ACA Internet Transmitter, ISS-UI for ACA Internet Trans
Software Developer 2022 Online	1094/1095C	T	ISS-UI for ACA Internet Transmitter, ISS-UI for ACA Internet Trans
	1094/1095B	T	ISS-UI for ACA Internet Transmitter, ISS-UI for ACA Internet Trans

Showing items 1 to 10 of 12 Page 1 Next >>

Form T/P Indicators

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Role	Forms	T/P Indicator	Transmission Method
Software Developer 2023 Online	1094/1095B	T	ISS-UI for ACA Internet Transmitter, ISS-UI for ACA Internet Trans
	1094/1095C	T	ISS-UI for ACA Internet Transmitter, ISS-UI for ACA Internet Trans
Software Developer 2024 Online	1094/1095B	T	ISS-UI for ACA Internet Transmitter, ISS-UI for ACA Internet Trans
	1094/1095C	T	ISS-A2A - System Enroller, ISS-UI for ACA Internet Transmitter

Showing items 11 to 12 of 12 Prev Page 2 Next >>

IRS Credentials – ACA GPS, LLC – Page 3 of 4

Software ID Information

Showing Items 1 to 10 of 11 Page 1

Year	SW Package	Status	Software Product Name	Forms	Software ID	Status	Transmission Method
2024	Online	Production	ACA-Tool-2024	1094/1095B	24A	Production	ISS-UI for ACA Internet Transmitter, ISS-UI for ACA Internet Trans
				1094/1095C	24A	Production	ISS-A2A - System Enroller, ISS-UI for ACA Internet Transmitter
2023	Online	Production	ACA-Tool-2023	1094/1095B	23A	Production	ISS-UI for ACA Internet Transmitter, ISS-UI for ACA Internet Trans
				1094/1095C	23A	Production	ISS-UI for ACA Internet Transmitter, ISS-UI for ACA Internet Trans
2022	Online	Production	ACA-Tool-2022	1094/1095C	22A	Production	ISS-UI for ACA Internet Transmitter, ISS-UI for ACA Internet Trans
				1094/1095B	22A	Production	ISS-UI for ACA Internet Transmitter, ISS-UI for ACA Internet Trans
2021	Online	Production	ACA-Tool-2021	1094/1095C	21A	Production	ISS-UI for ACA Internet Transmitter, ISS-UI for ACA Internet Trans
				1094/1095B	21A	Production	ISS-UI for ACA Internet Transmitter, ISS-UI for ACA Internet Trans
2020	Online	Production	ACA-TOOL-2020	1094/1095C	20A	Production	ISS-UI for ACA Internet Transmitter, ISS-UI for ACA Internet Trans
				1094/1095B	20A	Production	ISS-UI for ACA Internet Transmitter, ISS-UI for ACA Internet Trans
2019	Online	Production	ACA-Tool-2019	1094/1095C	19A	Production	ISS-UI for ACA Internet Transmitter, ISS-UI for ACA Internet Trans
				1094/1095B	19A	Production	ISS-UI for ACA Internet Transmitter, ISS-UI for ACA Internet Trans
2018	Online	Production	ACA-Tool-2018	1094/1095B	18A	Production	ISS-UI for ACA Internet Transmitter, ISS-UI for ACA Internet Trans
				1094/1095C	18A	Production	ISS-UI for ACA Internet Transmitter, ISS-UI for ACA Internet Trans
2017	Online	Production	ACA-TOOL-2017	1094/1095C	17A	Production	ISS-UI for ACA Internet Transmitter, ISS-UI for ACA Internet Trans
				1094/1095B	17A	Production	ISS-UI for ACA Internet Transmitter, ISS-UI for ACA Internet Trans
2016	Online	Production	ACA-TOOL-2016	1094/1095E	16A	Production	ISS-A2A - System Enroller, ISS-UI for ACA Internet Transmitter
				1094/1095C	16A	Production	ISS-A2A - System Enroller, ISS-UI for ACA Internet Transmitter
2015	Online	Production	ACA-Tool-2015	1094/1095B	15A	Production	ISS-A2A - System Enroller, ISS-UI for ACA Internet Transmitter
				1094/1095C	15A	Production	ISS-A2A - System Enroller, ISS-UI for ACA Internet Transmitter

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Software Developer Package List

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Type	Tax Year	Product Name	Forms
Online	2024	ACA-Tool-2024	1094/1095B, 1094/1095C
Online	2023	ACA-Tool-2023	1094/1095B, 1094/1095C
Online	2022	ACA-Tool-2022	1094/1095B, 1094/1095C
Online	2021	ACA-Tool-2021	1094/1095B, 1094/1095C
Online	2020	ACA-TOOL-2020	1094/1095B, 1094/1095C
Online	2019	ACA-Tool-2019	1094/1095B, 1094/1095C
Online	2018	ACA-Tool-2018	1094/1095B, 1094/1095C
Online	2017	ACA-TOOL-2017	1094/1095B, 1094/1095C
Online	2016	ACA-TOOL-2016	1094/1095B, 1094/1095C
Online	2015	ACA-Tool-2015	1094/1095B, 1094/1095C

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[Profile Management](#) | [Sign Out](#)

Automated Enrollment

Search Results For AIR
A2A Client System ID

Create New A2A Client System ID
Upload Certificate to Multiple ASIDs

TCCs All

Customer Name ACA GPS, LLC
Doing Business As ACA GPS, LLC

ASID	Name	Description	Status	Actions
1BB1	ACATool	ACATool	active	Edit Replace Certificate
1BB1	ACAtooltest	Testing	active	Edit Replace Certificate
1BB1	ACAGPSProd	ACA GPS Production	active	Edit Replace Certificate

From: ArkansasGovPay@ark.org
Sent: Wednesday, January 1, 2025 3:30 PM
To: trish.moynihan@acagps.com
Subject: Arkansas GovPay Receipt

Thank you. Your payment is complete.
Your account will be charged by Arkansas GovPay - Arkansas Government Services.

Payment Summary

Amount Paid:	\$258.00
Arkansas.gov Total:	\$270.00
Payment Status:	Complete
Order Date/Time:	01/01/2025 02:28 PM
Confirmation Number (Order Id):	20250101142822182
Name on card:	Patricia Moynihan
Email Address:	trish.moynihan@acagps.com
Phone Number:	7703108550
Billing Address:	500 FAWN HILL PL SANFORD, FL 32771,

State of Florida

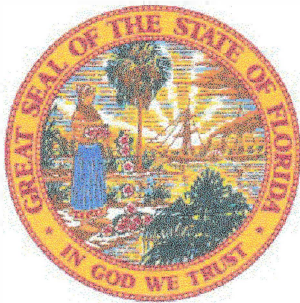
Department of State


I certify from the records of this office that ACA GPS, LLC is a limited liability company organized under the laws of the State of Florida, filed on May 2, 2013.

The document number of this limited liability company is L13000064238.

I further certify that said limited liability company has paid all fees due this office through December 31, 2025, that its most recent annual report was filed on January 2, 2025, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Second day of January, 2025*




Secretary of State

Tracking Number: 6496762091CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000064238

Entity Name: ACA GPS, LLC

Current Principal Place of Business:

500 FAWN HILL PL
SANFORD, FL 32771

Current Mailing Address:

500 FAWN HILL PL
SANFORD, FL 32771 US

FEI Number: 47-2034019

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

REDDECLIFF, CURTIS
500 FAWN HILL PL
SANFORD, FL 32771 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM	Title	AUTHORIZED MEMBER
Name	REDDECLIFF, CURTIS	Name	MOYNIHAN, PATRICIA
Address	500 FAWN HILL PLACE	Address	6665 SCOTLAND CIRCLE
City-State-Zip:	SANFORD FL 32771	City-State-Zip:	CUMMING GA 30041
Title	AUTHORIZED MEMBER		
Name	STEMMERMAN, LEONARD		
Address	6665 SCOTLAND CIRCLE		
City-State-Zip:	CUMMING GA 30041		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CURTIS REDDECLIFF

MGRM

01/02/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date



Southeast Region-Commercial Transactional

Jeron Foxx

Field Product Line Underwriter

407-871-4360

December 23, 2024

RE:

To Whom It May Concern:

Please allow this letter to confirm that The Ohio Casualty Insurance Company is currently handling the bond needs of ACA GPS, LLC.

Please be advised that ACA GPS, LLC, is in good standing with the surety. Any bond request received on behalf of ACA GPS, LLC, is subject to a favorable review of the contract documents, confirmation of project financing, and/or any other underwriting considerations deemed necessary at the time of the request. This letter is not to be construed as an agreement to provide bonds for any particular project but is offered as an indication of our experience and confidence in ACA GPS, LLC. Any arrangement to provide final bonds is a matter between The Ohio Casualty Insurance Company and ACA GPS, LLC, and we assume no liability to third parties if we do not execute said bond(s).

Given the company's history and credit worthiness, we are willing to entertain bonding for the Arkansas Department of Human Services 1095-B Processing Project.

The Ohio Casualty Insurance Company is a subsidiary of Liberty Mutual Insurance Company.

If you have any questions or require further clarification of the above, please feel free to contact me at the information listed above.

Sincerely,

A handwritten signature in black ink that reads "Jeron Foxx".

Jeron Foxx
Commercial Transactional Underwriter
Liberty Mutual Surety



500 Fawn Hill Pl
Sanford, FL 32771

Equal Employment Opportunity – ACA GPS, LLC

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at ACA GPS will be based on merit, qualifications, and abilities. ACA GPS is an equal employment opportunity employer and does not discriminate against any person because of race, color, creed, religion, sex, national origin, disability, age, genetic information, gender identity, or any other characteristic protected by law (referred to as "protected status").

This nondiscrimination policy extends to all terms, conditions, and privileges of employment as well as the use of all company facilities, participation in all company-sponsored activities, and all employment actions such as promotions, compensation, benefits and termination of employment.

ACA GPS will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship. This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.

Any employees with questions or concerns about any type of discrimination in the workplace are encouraged to bring these issues to the attention of their immediate supervisor, or senior management, at ACA GPS. Employees can raise concerns and make reports without fear of reprisal. Anyone found to be engaging in any type of unlawful discrimination will be subject to disciplinary action, up to and including termination of employment.

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

IS THIS FOR:

TAXPAYER ID NAME: 47-2034019 - ACA GPS, LLC

Goods? Services? Both?

YOUR LAST NAME: MOYNIHAN

FIRST NAME: TRISH

M.I.: A

ADDRESS: 500 FAWN HILL PL

CITY: SANFORD

STATE: FL

ZIP CODE: 32771

COUNTRY: USA

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

JM 01/03/25

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 Trish Moynihan Title Vice President of Sales & Marketing Date 01-03-2025

Vendor Contact Person Trish Moynihan Title Vice President of Sales & Marketing Phone No. (470) 239-5524

Agency use only

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

State of Arkansas Department of Human Services

710-25-021 1095-B Processing

Attachment B

Written Questions

Instructions

This Response Template must be used for submission of written questions. All questions should provide the requested information. Those that do not, may not be answered by DHS. The Vendor may add as many lines as needed. DHS would strongly prefer the Vendor to ask multi-part questions as individual questions on separate lines.

Instructions: Complete all cells of each question asked in the Table below. Clearly identify the referenced section or text.

Question ID	Reference (page number, section number, paragraph)	Specific Language	Question	Answers
<i>Example</i>	<i>Page 7, section 1.15, C</i>	J. Vendors may submit multiple bid	<i>May vendors submit more than one bid?</i>	<i>yes See section 1.15, J</i>
1	Page 3, section 1.10, A	Written questions should be submitted by 4:00 p.m., Central Time, on December 4, 2024	Could DHS consider extending the deadline for submitting written questions by one week to provide vendors with adequate time to thoroughly evaluate all aspects of the solicitation?	<i>Yes. Refer to Addendum 1.</i>
2	Page 10, section 2.4, A	Contractor must be registered to do business in the State of Arkansas and in good standing by the start of any resulting contract. For verification purposes, Contractor must provide a Certificate of Good Standing, Certificate of Authority, and other required Arkansas Secretary of State documentation such as non-filing or nonqualifying statements, upon DHS request.	If a vendor does not conduct business in Arkansas, is it necessary for the vendor to obtain a non-filing certificate from the state, or would a signed Form NFR-R be sufficient to fulfill this requirement?	<i>The Contractor must be registered to do business in the State of Arkansas.</i>
3	Page 11, section 2.5, B, 4, f	Transmit and receive files to and from DHS and its contractors via a software package designated by DHS	Please indicate which system(s) are currently utilized by each division.	<i>MOVEit is the current system being utilized by each division.</i>
4	Page 11, section 2.5, C,	Contractor shall provide document creation and delivery services related to IRS Forms 1095-B and 1094-B, including original filings and corrected filings, for the current and past tax years—beginning with tax year 2015—in accordance with the requirements outlined in this IFB, any resulting contract, and set forth by the IRS.	<i>Are XML files from tax year 2015 forward available for the contractor to ensure the accuracy of previously prepared data?</i>	<i>Yes.</i>

JM 01/03/2025

5	Page 16, section 2.5, M, 1, b-c	January – May: Weekly feeds containing newly-eligible recipients and corrected records. June – December: Monthly feeds containing newly-eligible recipients and corrected records; “one-off” requests.	If the vendor requests it, would it be possible to provide a complete file that includes the newly eligible recipients and corrected records with each feed?	<i>No. Newly-eligible recipients and corrected records are provided in each feed.</i>
6	Page 16, section 2.5, P, 1, a	Up-Front Data Verification: a. Verify name/SSN against the Social Security Administration database using the criteria defined in IRS Publication 1586.	Would DHS be open to allowing the contractor to use the Federal TIN Matching program for verification purposes, as outlined in IRS Publication 2108?	<i>No.</i>
7	Attachment D, page 1, Financial Terms of the Contract	See Chart	Is the vendor responsible for completing the chart, or does it serve as a general example of how vendors are paid under professional services contracts? If the vendor is to complete the chart, could you please provide the current vendor's chart to ensure continuity of operations?	<i>Attachment D is for informational purposes only.</i>
8	Page 9, Section 2.3, A-B	For Tax Year 2023, the volume of 1095-B transmissions was: Initial Filings 1,431,295 Physical Mailing Requests 1,134 Batch Corrections 68,315 Case Worker Corrections 118,021 Foster Children Distinct Case ID 10,230 Total 33,210 Total Distinct Case ID 1,367,649 Total 2,792,685	Can DHS clarify the discrepancy between the 2023 quantities listed on Page 9 of the solicitation (2,792,585) and the estimated quantities on the official bid sheet (~1,683,400)?	<i>Historical volumes were based on actual usage whereas quantities on the Official Bid Price Sheet derived from the most recent data. Quantities are estimated for bidding purposes only. Actual quantities may increase or decrease.</i>
9	Official Bid Pricing Sheet	The Items are numbered 1, 2, and 4.	Please confirm that the agency isn't missing an item #3?	<i>Refer to Addendum 2 and Revised Official Bid Price Sheet.</i>
10	Attachment F, Business Associate Agreement	N/A	Is Attachment F critical to the ACA service RFP?	<i>Yes, Attachment F Business Associate Agreement is required for this solicitation.</i>

ACA GPS, LLC
 Justa Mojumbar
 01-03-2025



COMBINED CERTIFICATIONS FOR CONTRACTING WITH THE STATE OF ARKANSAS

Pursuant to Arkansas law, a vendor must certify as specified below and as designated by the applicable laws.

- 1. Israel Boycott Restriction:** For contracts valued at \$1,000 or greater.
A public entity shall not contract with a person or company (the "Contractor") unless the Contractor certifies in writing that the Contractor is not currently engaged in a boycott of Israel. If at any time after signing this certification the Contractor decides to boycott Israel, the Contractor must notify the contracting public entity in writing. See Arkansas Code Annotated § 25-1-503.
- 2. Illegal Immigrant Restriction:** For contracts valued at \$25,000 or greater.
No state agency may contract for services with a Contractor who knowingly employs or contracts with an illegal immigrant. The Contractor shall certify that it does not knowingly employ, or contract with, illegal immigrants. See Arkansas Code Annotated § 19-11-105.
- 3. Energy, Fossil Fuel, Firearms, and Ammunition Industries Boycott Restriction:** For contracts valued at \$75,000 or greater.
A public entity shall not contract unless the contract includes a written certification that the Contractor is not currently engaged in and agrees not to engage in, a boycott of an Energy, Fossil Fuel, Firearms, or Ammunition Industry for the duration of the contract. See Arkansas Code Annotated § 25-1-1102.
- 4. Scrutinized Company Restriction:** Required with bid or proposal submission.
A state agency shall not contract with a Scrutinized Company or a company that employs a Scrutinized Company as a subcontractor. A Scrutinized Company is a company owned in whole or with a majority ownership by the government of the People's Republic of China. A state agency shall require a company that submits a bid or proposal for a contract to certify that it is not a Scrutinized Company and does not employ a Scrutinized Company as a subcontractor. See Arkansas Code Annotated § 25-1-1203.

By signing this form, the Contractor agrees and certifies they are not a Scrutinized Company and they do not currently and shall not for the aggregate term of any resultant contract:

- Boycott Israel.
- Knowingly employ or contract with illegal immigrants.
- Boycott Energy, Fossil Fuel, Firearms, or Ammunition Industries.
- Employ a Scrutinized Company as a subcontractor.

BID NUMBER: 710-25-021 Description: 1095-B PROCESSING
 Contract Number: _____
 Agency Name: DEPARTMENT OF HUMAN SERVICES
 Vendor Number: 100233487 Vendor Name: ACA GPS, LLC

Justin W. Poynter
Vendor Signature

01-03-2025
Date

Attachment I
Client History Form
1095-B Processing
710-25-021

Attachment I

1095-B Processing

Instructions: This form is intended to help the State gain a more complete understanding of each Respondent's 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 Response Signature Page.

1. Please list clients where the Prospective Contractor (the prime contractor only) **served as the prime contractor** for providing services related to Internal Revenue Service (IRS) Forms 1095-B and 1094-B processing, as outlined in this IFB, for a minimum of three (3) years. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please include the following: description of work performed, duration of the project/contract, staff months dedicated to the project, and project amount. If there are no contracts which meet this definition, please state "none."

<p>Client: State of Arkansas, Department of Human Services, Division of County Operations Address: 700 Main Street, Little Rock, AR 72203 Contact: Mary Franklin, Director Phone: 501-682-8377 Email: mary.franklin@dhs.arkansas.gov Description of Work Performed: Create & e-file B series forms for Tax Years 2018 through 2023. Assisted with refiling Tax Years 2015 through 2017 at start of contract. Provide opportunity to submit new filings or corrections to the IRS for Tax Years 2015 through 2023. Mailing service available upon request. Form count for Tax Year 2023 was 1,237,076. Duration of Project/Contract: Ending June 30, 2025. Staff Months Dedicated to Project: 1 month. Project Amount: \$635,000 per year.</p> <p>Client: Clark County, Nevada Address: 500 S. Grand Central Parkway, 1st Floor, Las Vegas, NV 89155 Contact: BrandiOwen, Employment Systems Coordinator Phone: 702-455-7773 Email: brandi.owen@clarkcountynv.gov Description of Work Performed: Create, mail, & e-file B series of forms for Tax Years 2015 through 2023. Form count for Tax Year 2023 was 13,992. Duration of Project/Contract: Ongoing. Staff Months Dedicated to Project: 16 hours. Project Amount: \$40,000 per year.</p> <p>Client: State of Alaska, Division of Retirement and Benefits Address: PO Box 110203, Juneau, AK 99811-0203 Contact: Ronan Tagsip, Health Operations Manager Phone: 907-465-2292 Email: ronan.tagsip@alaska.gov Description of Work Performed: Create & e-file B series of forms for Tax Years 2015 through 2023. Form count for Tax Year 2023 was 13,037. Duration of Project/Contract: Ongoing. Staff Months Dedicated to Project: 10 hours. Project Amount: \$9,200 per year.</p> <p>Client: Arizona State Retirement System Address: 3300 N Central Ave, Suite # 100, Phoenix, AZ 85012 Contact: Randi Gray, Health Plan Manager Phone: 602-240-2075 Email: randig@azasrs.gov Description of Work Performed: Create & e-file B series of forms for Tax Years 2022 & 2023. Mailing service available upon request. Form count for Tax Year 2023 was 5,510. Duration of Project/Contract: Ongoing. Staff Months Dedicated to Project: 8 hours. Project Amount: \$4,500 per year.</p>
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2. Please list clients where the Prospective Subcontractor (if applicable) **served as the prime contractor** for providing services related to Internal Revenue Service (IRS) Forms 1095-B and 1094-B processing, as outlined in this IFB, for a minimum of three (3) years. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please include the following: description of work performed, duration of the project/contract, staff months dedicated to the project, and project amount. If there are no contracts which meet this definition, please state "none."

None

3. Has the Prospective Contractor received formal negative contract actions pertaining to contracted services from a party to which the Prospective Contractor's services were provided within the last three (3) years? A formal negative contract action is considered as any formal communication to Prospective Contractor from the state/entity receiving services that identifies failure(s) to satisfy performance obligations in the contract in a manner that represents significant non-performance or a material deviation from contractual obligations. A formal negative contract action is considered a corrective action plan, vendor performance report, or these equivalents in other states or in other entities.

YES

NO

If yes, include the number of formal negative contract actions in the space provided below. Provide the contact information for a person with the contracted party who is knowledgeable of the named project(s).

None

Authorized Signature: Trish Moynihan

Printed/Typed Name: Trish Moynihan

Title: Vice President of Sales & Marketing

Date: 01-03-2025

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: December 4, 2024
SUBJECT: 710-25-021 1095-B Processing

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

OTHER

- Section 1.10 Clarification of Bid Solicitation – remove and replace with the following:

A. Contractor may submit written questions requesting clarification of information contained in this IFB. Written questions should be submitted by 4:00 p.m., Central Time, on December 11, 2024. Submit written questions by email to the buyer as shown on page one (1) of this IFB. The attached response template (Attachment B) must be used for submission of all written questions. All questions should include the information specified in the response template. Written questions submitted in a different format may not be answered by DHS.

B. Contractor's written questions will be consolidated and responded to by the State. The State's consolidated written response is anticipated to be posted to the OP website by the close of business on December 18, 2024. Answers to verbal questions may be given as a matter of courtesy and must be evaluated at Contractor's risk.

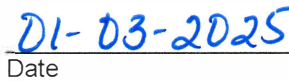
- Section 1.28 Schedule of Events – remove and replace with the following:

Public Notice of IFB	November 25, 2024
Deadline for Receipt of Written Questions	December 11, 2024
Response to Written Questions, On or About	December 18, 2024
Date and Time for Bid Submission	January 8, 2025, 1:00 p.m. CST
Date and Time for Bid Opening	January 8, 2025, 2:00 p.m. CST
Intent to Award Announced, On or About	January 24, 2025
Contract Start (Subject to State Approval)	July 1, 2025

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: Ian Cunningham, Ian.Cunningham@dhs.arkansas.gov, 501-682-0120


Vendor Signature


Date


Company

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

ADDENDUM 3

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: December 30, 2024
SUBJECT: 710-25-021 1095-B Processing

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

OTHER

- Attachment E - Remove and replace with the following:

Attachment E – Services Contract SRV-1 Fillable Form

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: Ian Cunningham, ian.cunningham@dhs.arkansas.gov, 501-682-0120

Josh Moynihan
Vendor Signature

01-03-2025
Date

ACA GPS, LLC
Company