

BID RESPONSE PACKET
710-22-0026

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	CathyJon Enterprises, Inc. dba HB Staffing			
Address:	2120 Main Street, Suite 250			
City:	Huntington Beach	State:	CA	Zip Code: 92648
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 type="checkbox"/> American Indian	<input type="checkbox"/> Service Disabled Veteran	
	<input type="checkbox"/> African American	<input checked="" 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:	Jonathan Paul	Title:	VP of Government Solutions
Phone:	(714) 960-2800	Alternate Phone:	
Email:	jpaul@hbstaffing.com		

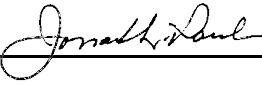
CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <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: VP of Government Solutions
Printed/Typed Name: Jonathan Paul
Date: 3/22/2022

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.

HB Staffing takes no exceptions to the terms of this solicitation.

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

Vendor Name:	CathyJon Enterprises, Inc. dba HB Staffing	Date:	3/22/2022
Signature:		Title:	VP of Government Solutions
Printed Name:	Jonathan Paul		

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
N/A		

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

Contract Number 710-22-0026

Attachment Number

Action Number

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: CathyJon Enterprises, Inc.

IS THIS FOR:

Goods? Services? Both?

YOUR LAST NAME: Paul

FIRST NAME Jonathan

ADDRESS: 2120 Main Street, Suite 250

City: Huntington Beach

STATE:

CA

ZIP CODE: 92648

COUNTRY: United States

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 [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.]	Relation
	Current	Former		From MM/YY	To MM/YY		
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 [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?	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY			
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

None of the above applies

Contract Number 710-22-0026
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  Title Vice President of Government Solutions Date 3/25/2022
Vendor Contact Person Jonathan Paul Title Vice President of Government Solutions Phone No. (714) 960-2800

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

Equal Employment Opportunity Policy

As an Equal Opportunity Employer, HB Staffing is committed to a strong diversity and inclusion policy. Our diversity initiatives are not limited to our practices and policies on recruitment and selection; compensation and benefits; professional development and training; promotions; transfers; and terminations. We pursue the ongoing development of work environments built on the premise of gender and diversity equity that encourage and enforce respect within all work cultures that we staff.

Our Minority-Owned Small Business does not discriminate nor tolerate from our clients, discrimination of candidates/employees based on race, creed, color, age, gender, religion, national origin, marital status, sexual orientation, veteran status, or any other protected categories under federal, state, and local ordinances. We take these issues seriously. Complaints are thoroughly investigated, with appropriate actions taken to resolve the situation. We will recruit, select and place candidates based on qualifications, competencies, and merit.

This policy encompasses all aspects of the employment relationship, including application and initial employment, job assignment, selection for training opportunities, and salary/benefits. Employment decisions will be based on the principles of equal employment opportunity and with the intent to further HB Staffing's commitment to diversity and opportunity.

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 28, 2022
SUBJECT: 710-22-0026 Temporary Clerical Staffing

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

CHANGE OF SPECIFICATIONS

- IFB, page 9, Section 1.29, delete and replace with the following:

SCHEDULE OF EVENTS

Public Notice of IFB	March 15, 2022
Deadline for Receipt of Written Questions	March 22, 2022
Response to Written Questions, On or About	March 28, 2022
Date and Time for Bid Submission	March 31, 2022 @ 11:00am CT
Date and Time for Bid Opening	March 31, 2022 @ 12:00pm CT
Intent to Award Announced, On or About	April 8, 2022
Contract Start (Subject to State Approval)	July 1, 2022

- IFB, page 11, Section 2.4.B.2, delete and replace with the following:

STAFFING QUALIFICATIONS

Candidates must be submitted to DCO within twenty-four (24) hours of receipt of the request. In the event any temporary employee fails to adhere to DCO's directions or security regulations or demonstrate that they are not qualified to perform the required duties, DCO shall notify the Contractor who shall replace the employee within one (1) working day.

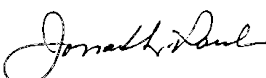
- IFB, page 11, Section 2.4.C, delete and replace with the following:

TEMPORARY EMPLOYEE SCREENING PROCEDURES

The Contractor shall have temporary employee applicant screening procedures in place that may include, but are not limited to: • Evaluation of general knowledge and skills • Computer competency testing • Verification of work experience and capabilities through reference check

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: Buyer's name, Buyer's email address and phone number.



Vendor Signature

03/28/22

Date

CathyJon Enterprises, Inc. DBA HB Staffing

Company



Application for Certificate of Authority

Filing Information

Filing Act: 958 of 1987
Foreign Date of Origin: 2000-04-14
State of Origin: CA
Foreign Country of Origin: USA
Entity Name: CATHYJON ENTERPRISES, INC.
File Date: 2021-07-15 09:33:46
Effective Date: 2021-07-15
Filing Signature: JONATHAN PAUL
Period Of Duration: 21 years
Ar Number Shares: -0-
Signature Title: Secretary
Stock Nonstock: Stock

Primary Purpose:

The purpose for which this corporation is organized:

1. The primary purpose of the Corporation shall be: **Staffing Agency - provide temporary employees**
2. To conduct any business enterprise not contrary to law.
3. To exercise all the powers enumerated in Section 4-27-302 of the Arkansas Business Corporation Act.

Registered Agent:

Business Name: INCORP SERVICES, INC.
Address 1: 4250 VENETIAN LANE
City: FAYETTEVILLE
State: AR
Zip: 72703
Country: USA

Officers

First Name: JONATHAN
Last Name: PAUL
Title: Secretary
Address 1: 2120 MAIN ST. STE 250
City: HUNTINGTON BEACH
State: CA
Zip: 92648
Country: USA

First Name: CATHY
Last Name: VOLPE
Title: Incorporator/Organizer
Address 1: 2120 MAIN ST.
Address 2: SUITE 250
City: HUNTINGTON BEACH
State: AR
Zip: 92648
Country: USA

Principal

Entity Name: CATHYJON ENTERPRISES, INC.
Address 1: 2120 MAIN ST.
Address 2: SUITE 250
City: HUNTINGTON BEACH
State: CA
Zip: 92648
Country: USA

Foreign Contact

Entity Name: CATHYJON ENTERPRISES, INC.

Address 1: 2120 MAIN ST.

Address 2: SUITE 250

City: HUNTINGTON BEACH

State: CA

Zip: 92648

Phone Number: 714-960-2800

Email Address: GOV@HBSTAFFING.COM

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 Authority

of

CATHYJON ENTERPRISES, INC.

filed in this office

July 15, 2021

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 15th day of July 2021.




John Thurston
Secretary of State

Online Certificate Authorization Code: 44759960f04ddcd9f3a
To verify the Authorization Code, visit sos.arkansas.gov



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: CATHYJON ENTERPRISES, INC.
File Number: C2231296
Registration Date: 04/14/2000
Entity Type: DOMESTIC STOCK CORPORATION
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of July 7, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 8, 2021.

A handwritten signature in black ink, appearing to read "S. N. Weber".

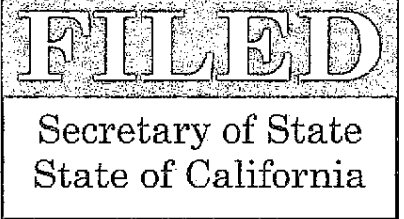
SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: ZQG4K6R

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.



California Secretary of State
Electronic Filing



Corporation - Statement of Information No Change

Entity Name: CATHYJON ENTERPRISES, INC.

Entity (File) Number: C2231296
File Date: 02/22/2021
Entity Type: Corporation
Jurisdiction: CALIFORNIA
Document ID: GQ87640

There has been no change in any of the information contained in the previous complete Statement of Information filed with the California Secretary of State.

By signing this document, I certify that the information is true and correct and that I am authorized by California law to sign.

Electronic Signature: Cathy Volpe

Use bizfile.sos.ca.gov for online filings, searches, business records, and resources.

Document ID: GQ87640



**State of California
Secretary of State**

S

Statement of Information

(Domestic Stock and Agricultural Cooperative Corporations)

FEEES (Filing and Disclosure): \$25.00.

If this is an amendment, see instructions.

IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FU84500

FILED

In the office of the Secretary of State
of the State of California

FEB-26 2018

1. CORPORATE NAME

CATHYJON ENTERPRISES, INC.

2. CALIFORNIA CORPORATE NUMBER

C2231296

This Space for Filing Use Only

No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)

3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.

If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to **Item 17**.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
7656 PARK BAY DRIVE, HUNTINGTON BEACH, CA 92648			
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4	CITY	STATE	ZIP CODE

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

7. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
CATHY VOLPE	2120 MAIN STREET 250, HUNTINGTON BEACH, CA 92648			
8. SECRETARY	ADDRESS	CITY	STATE	ZIP CODE
JON PAUL	2120 MAIN STREET 250, HUNTINGTON BEACH, CA 92648			
9. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
JON PAUL	2120 MAIN STREET 250, HUNTINGTON BEACH, CA 92648			

Names and Complete Addresses of All Directors, including Directors Who are Also Officers (The corporation must have at least one director. Attach additional pages, if necessary.)

10. NAME	ADDRESS	CITY	STATE	ZIP CODE
CATHY VOLPE	2120 MAIN STREET 250, HUNTINGTON BEACH, CA 92648			
11. NAME	ADDRESS	CITY	STATE	ZIP CODE
12. NAME	ADDRESS	CITY	STATE	ZIP CODE

13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 15 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 15 must be left blank.

14. NAME OF AGENT FOR SERVICE OF PROCESS

CATHY VOLPE

15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE
2120 MAIN STREET 250, HUNTINGTON BEACH, CA 92648

Type of Business

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION
SERVICE

17. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

02/26/2018

CATHY VOLPE

PRESIDENT

DATE

TYPE/PRINT NAME OF PERSON COMPLETING FORM

TITLE

SIGNATURE

2231296

FILED *SL*
in the office of the Secretary of State
of the State of California

ARTICLES OF INCORPORATION

CathyJon Enterprises, Inc.

APR 14 2000

Bill Jones
BILL JONES, Secretary of StateI. Corporate Name

The name of this corporation is CathyJon Enterprises, Inc.

II. Corporate Purpose

The purpose of the corporation is to engage in any lawful activity for which a corporation may be organized under the general corporation law of California other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the California Corporations Code.

III. Registered Agent

The name and address of the initial agent for service of process for this corporation is as follows:

Cathy Volpe
2120 Main Street, Suite 260
Huntington Beach, California 92648

V. Number of Shares

This Corporation is authorized to issue only one class of shares of stock, and the total number of shares which this corporation is authorized to issue is 2000.

Paul B. Tyler

Paul B. Tyler, Incorporator



References

Reference #1	
Agency Name: CA, County of San Diego	
Address: 5530 Overland Avenue, Room #210, San Diego, CA 92123	
Contract Value: \$5.5MM	
Primary Contact Name and Title: Kayla Iliff, HR Specialist (Interim) Phone: (619) 531-5123 Email: kayla.iliff2@sdcounty.ca.gov	Secondary Contact Name and Title: Brandy Winterbottom-Whitney, Deputy Director, Human Resources Phone: (858) 505-6324 Email: Brandy.Winterbottom-Whitney@sdcounty.ca.gov
Contract Period: February 2017 through February 2019, with three (3) 1-year options. New contract extension through February 2022 (Active)	
Brief Description of Services: Prime supplier of temporary staffing services for account clerk, associate accountant, staff accountant, office assistant, secretary, executive secretary, custodian, and stock clerk.	

Reference #2
Agency Name: MD, Maryland Department of Health
Address: 5401 Rue Saint Lo Drive Reisterstown, MD 21136
Contract Value: \$2,361,261
Primary Contact Name and Title: Marcia Deppen, CEM, Director of Consequence Management Phone: (410) 517-3604 & (302) 584-5948 Email: marcia.deppen@maryland.gov
Contract Period: One initial year until 5/31/22 with one year option.
Brief Description of Services: Non-Clinical staff including administrative, clerical, site management, traffic management, non-clinical testers, and site navigation.

DOCUMENTATION CHECKLIST

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

- A. Bidder **must** submit official documentation of active registration from the Arkansas Secretary of State's Office.
- B. Bidder **must** provide a Certificate of Good Standing with bid submission.
- C. The Contractor must have at least two (2) current accounts, either commercial or government, providing staffing services. For verification purposes, bidder must provide a reference for these accounts with bid submission including the following information: organization name, address, contact person name, email address, and phone numbers.
- D. Bidder **must** submit all documents in the bid response packet including:
 - 1. Bid Signature Page
 - 2. Proposed Subcontractors Form
 - 3. Vendor Agreement and Compliance
 - 4. Official Bid Price Sheet
- E. Copy of Equal Opportunity Policy
- F. Bidder **must** submit signed/completed Attachment A – EO 98-08 Disclosure Form.

***Please refer to the solicitation (section 1.18 Response Documents) for additional instruction.*

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	\$21.25	\$ 3,315,000.00

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

DIVISION OF COUNTY OPERATIONS					
<u>AREA I</u> <input checked="" type="checkbox"/>	<u>AREA II</u> <input checked="" type="checkbox"/>	<u>AREA III</u> <input checked="" type="checkbox"/>	<u>AREA IV</u> <input checked="" type="checkbox"/>	<u>AREA V</u> <input checked="" type="checkbox"/>	<u>AREA VI</u> <input checked="" type="checkbox"/>
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		

Price Justification

HB Staffing's hourly bill rate of \$21.25 has been determined by estimating the average pay rate of general clerical staff across the State of Arkansas and applying a 40.20% markup to it. This markup is all-inclusive for our services, and will cover all costs associated with administrative overhead, employee benefits, background checks, etc. No additional fees will be charged. The annual amount was determined by multiplying the price per hour by 2080 (annual hours) and then multiplying that sum by 75 (the estimated amount of employees needed). This brings us to an annual total of \$3,315,000.00 for our services.