BID RESPONSE PACKET

710-26-052

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Cindy Huneycutt				
Address:	1964 Hasley Road				
City:	Arkadelphia	State:	AR	Zip Code:	71923
Business Designation:	☒ Individual ☐ Partnership	☐ Sole Proprietorship ☐ Corporation		☐ Public Service Corp ☐ Nonprofit	

PROSPECTIVE CONTRACTOR CONTACT INFORMATION *Provide contact information to be used for bid solicitation related matters.*			
Contact Person:	CINDY HUNEYCUTT	Title:	CONSULTANT PHARMACIST
Phone:	870-245-6273	Alternate Phone:	
Email:	cjhuneycutt@gmail.com		

CONFIRMATION OF REDACTED COPY

☐ YES, a redacted copy of the *Bid Response Packet* is enclosed.

☒ NO, a redacted copy of the *Bid Response Packet* is not enclosed. I understand a full copy of non-redacted documents will be released if requested.

Note: If a redacted copy of the Bid Response Packet is not provided 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 the Bid Solicitation Document for additional information.

REQUIRED CERTIFICATIONS

By signing and submitting a response to this Solicitation, Prospective Contractor represents, warrants, and certifies that they are not a Scrutinized Company and they do not currently and shall not for the aggregate term of a 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 contractor.

Prospective Contractor represents, warrants, and certifies that it shall not become a Scrutinized Company during the aggregate term of a contract resulting from this Solicitation. The Prospective Contractor further represents, warrants, and certifies in shall in all other respects comply with the laws, rules, and executive orders of the state that apply to the Contractor's performance during the aggregate term of a contract resulting from this Solicitation.

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

The signature below signifies agreement that any exception that conflicts with a Requirement of this IFB **will cause the bid to be disqualified:**

Authorized Signature: _____ **Title:** Consultant Pharmacist

Printed/Typed Name: Cindy Huneycutt **Date:** 4/29/2026

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 bid to be disqualified.*

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

Vendor Name:	Cindy Huneycutt	**Date:**	4/29/2026
Signature:		**Title:**	CONSULTANT PHARMACIST
Printed Name:	CINDY HUNEYCUTT		

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
NONE		

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

PROPOSED SCHEDULE

In accordance with Section 2.4.F of the solicitation, provide a proposed schedule for both onsite services for each location being bid. Please specify the days and hours. For CHDC, the consultant pharmacist shall provide onsite services at least forty (40) hours per week. For all other HDCs, Consultant Pharmacist shall be onsite for a minimum of eight (8) hours per month.

Human Development Center	
Arkadelphia	8 HOURS OR AS NEEDED 1ST FRIDAY OF THE MONTH
Booneville	8 HOURS OR AS NEEDED 2ND FRIDAY OF THE MONTH
Conway	
Jonesboro	8 HOURS OR AS NEEDED 3RD FRIDAY OF THE MONTH
Southeast AR (Warren)	8 HOURS OR AS NEEDED 4TH FRIDAY OF THE MONTH Of course if there are conflicts we can ament the schedule

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 ✓ N/A
- Registered Pharmacist License ✓
- *Official Bid Price Sheet* ✓
- All documents provided in the *Bid Response Packet* ✓
- Copy of Prospective Contractor's *Equal Opportunity Policy* N/A
- Signed Addenda, if applicable N/A
- *Attachment A: Executive Order 98-04 Disclosure Form* ✓
- *Attachment H: Client History Form* ✓

Arkansas State Board of Pharmacy

322 South Main Street, Suite 600 Little Rock, AR 72201
P: 501.682.0190 F: 501.682.0195
asbp@arkansas.gov • www.pharmacyboard.arkansas.gov
John Clay Kirtley, Pharm.D., Executive Director

2026-2027 Pharmacist License

Cindy Joan Huneycutt

This is to certify that the Pharmacist named hereon is licensed under the Provisions of the Arkansas Pharmacy Practice Act and Arkansas Pharmacy Rules and Regulations.

License Number: **PD07663**
Original License Date: June 4, 1990
Expiration Date: **December 31, 2027**

Current Place of Employment: Omnicare Distribution Center LLC, 100206

Cindy Joan Huneycutt
2086 Old Military Rd
Arkadelphia, AR 71923

The address above is the mailing address where all correspondence from the board will be sent, including renewal information. All changes to contact information can be made online at **pharmacyboard.arkansas.gov** under "License Maintenance." A license renewal postcard is sent to the mailing address on file a few months before the expiration date. Please notify the Board of any changes to name, employment, addresses (mail & email), and phone numbers.

Reason Mailed: Renewal

Arkansas State Board of Pharmacy
322 South Main Street, Suite 600, Little Rock, AR 72201
501-682-0190 · Fax:501-682-0195
pharmacyboard.arkansas.gov · asbp@arkansas.gov

Cindy Joan Huneycutt
Pharmacist License#: PD07663
Original License Date: 06/04/1990

This card is for reference purposes only. Your license must be displayed in a conspicuous location in the pharmacy where you are working.

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: ☐ Yes ☑ No **SUBCONTRACTOR NAME:**

TAXPAYER ID NAME: CINDY JOAN HUNEYCUTT

IS THIS FOR: **Goods?** ☐ **Services?** ☑ **Both?** ☐

YOUR LAST NAME: HUNEYCUTT **FIRST NAME** CINDY **M.I.:**

ADDRESS: 1964 Hasley Rd

CITY: Arkadelphia **STATE:** AR **ZIP CODE:** 71923 **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 [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☑ **None of the above applies**

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?		
	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 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 _____ Title CONSULTANT PHARMACIST Date 4/29/2026

Vendor Contact Person CINDY HUNEYCUTT Title CONSULTANT PHARMACIST Phone No. (870) 245-7243

Agency use only

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

Attachment H
Client History Form
Pharmacy Consultants for Human Development Centers
710-26-052

Attachment H

Pharmacy Consultants for Human Development Centers

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 (federal, district, state, county, American territory, tribe, or Canadian province) where consultant pharmacist **served as the prime contractor** for the dispensing of pharmaceuticals in similar surroundings (long-term care and/or intermediate care facilities for at least three (3) years. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract. If there are no contracts which meet this definition, please state "none."

I have been a consultant pharmacist since 2004 in various LTC facilities in the State of Arkansas. I currently provide pharmacy consultations for Arkadelphia HDC and Warren HDC and also do the staffing reports for Arkadelphia HDC and know and understand the specific needs of HDC facilities.

Authorized Signature: _____ **Title:** CONSULTANT PHARMACIST

Printed/Typed Name: CINDY HUNEYCUTT **Date:** 4/29/2026

OFFICIAL BID PRICE SHEET

710-26-052 Pharmacy Consultants for Human Development Centers

All costs **must** be included in the unit price including travel, administrative costs, etc. Costs not included in the unit price below are not billable under a contract established from this solicitation. Bidder must submit a printed copy of the completed official bid price sheet with bid submission.

Quantities are estimated for bidding purposes only. The Consultant Pharmacist for CHDC shall provide onsite services for forty (40) hours per week and will serve as FTE. For all other HDCs, the Consultant Pharmacist(s) shall be onsite for a minimum 8 hours per month. Additional hours may be required and may be completed onsite or offsite as required by DHS. Estimated number of hours may increase or decrease.

Instructions: Enter the unit price for each location being bid. Respondents may bid on one or more locations.

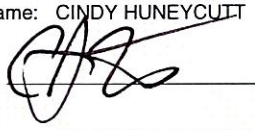
ITEM	DESCRIPTION	ESTIMATED ANNUAL HOURS	UNIT PRICE (hourly rate)	EXTENDED AMOUNT
1	Arkadelphia Human Development Center	200	$82.00	$16,400.00
2	Booneville Human Development Center	200	$82.00	$16,400.00
3	Conway Human Development Center	2080	$0.00	$0.00
4	Jonesboro Human Development Center	200	$82.00	$16,400.00
5	Southeast Arkansas Human Development Center	200	$82.00	$16,400.00

AUTHORIZED SIGNATURE:

By my signature below, I certify that the I am authorized by the respondent to submit this bid on his/her behalf.

Vendor Name: CINDY HUNEYCUTT

Date: 4/29/2026

Signature: 

Title:CONSULTANT PHARMACIST

Printed Name: CINDY HUNEYCUTT

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: April 24, 2026
SUBJECT: 710-26-052 Pharmacy Consultants

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
__X__ Other

- Attachment B – add Attachment B Written Questions and Answers
- Attachment C – remove Attachment C Performance Based Contracting (draft version) and replace with Attachment C Performance Based Contracting (clean version)

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: Tamara DeBord
DHS.OP.Solicitations@dhs.arkansas.gov
(501) 683-5969

Vendor Signature

5/7/2026
Date

Company

Tamara DeBord<Tamara.DeBord.OFA@dhs.arkansas.gov>

Cindy H

Tamara DeBord <Tamara.DeBord.OFA@dhs.arkansas.gov>;DHS OP Solicitations <DHS.OP.Solicitations@dhs.arkansas.gov>

Received.

Thank you,

Tamara DeBord

Procurement Supervisor
Arkansas Department of Human Services
Office of Procurement

P: 501.683.5969

Tamara.DeBord.OFA@dhs.arkansas.gov

humanservices.arkansas.gov

Privacy Notice: This email may contain confidential information protected by state/federal laws. If you are not the intended recipient, please let the sender know, and delete the message/attachment(s) from your system.

From: Cindy H <cjhuneycutt@gmail.com >
Sent: Sunday, May 3, 2026 1:28 AM
To: Tamara DeBord <Tamara.DeBord.OFA@dhs.arkansas.gov >
Subject: Fwd: consultant pharmacist bid

CAUTION: External Email

Thank you.

---------- Forwarded message ---------
From: **Cindy H** <cjhuneycutt@gmail.com>
Date: Sun, May 3, 2026 at 1:10 AM
Subject: consultant pharmacist bid
To: <Tamara.DeBord.OFA@dhs.arkansas.gov>

Dear Tamara,

I am writing to clarify my status regarding Equal Employment Opportunity (EEO) requirements.

As a sole proprietor and the only employee of my business, I am not currently subject to these requirements.

Thank you for your time and consideration.

Best regards,

Cindy Huneycutt,

Consultant Pharmacist