

TECHNICAL RESPONSE PACKET
710-25-024


RESPONSE SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:	Don's Pharmacy, Inc.		
Address:	8609 W. Markham St., Suite A		
City:	Little Rock	State:	Arkansas
		Zip Code:	72205
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 solicitation related matters.</i>			
Contact Person:	Michael Rogers	Title:	Pharmacist
Phone:	501-225-2222	Alternate Phone:	
Email:	dons@donsrx.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 Solicitation Terms and Conditions 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 shall sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Solicitation* may cause the Prospective Contractor's response to be rejected.

Authorized Signature:  Title: Pharmacist

Printed/Typed Name: Michael Rogers Date: 11/18/2024

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
Parrish Delivery Services	P.O. Box 2635	Little Rock, AR, 72203

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

STATEMENT OF ATTESTATION

Within six (6) months of the contract start date, the Contractor must have a computer system in place that will interface with each Division's electronic health records, that is readily available and capable of providing and maintaining medication profiles on every individual client for medical staff.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in section 2.4.D of the bid solicitation.

Authorized Signature: _____



Printed/Typed Name: Michael Rogers

Date: 11/18/2024

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.

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

Authorized Signature: _____



Printed/Typed Name: Michael Rogers

Date: 11/18/2024

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
- Certification/Licensure to dispense medication
- Official Bid Price Sheet (sealed separately)
- All documents provided in the response packet
- Response to Information for Evaluation
- Copy of Vendor's Equal Opportunity Policy
- Signed Addenda, if applicable
- EO 98-04 Disclosure Form (Attachment A)
- Combined Certifications (Attachment H)
- Client History Form (Attachment I)

INFORMATION FOR EVALUATION

- Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.
- **Do not** include additional information if not pertinent to the itemized request.

	Maximum RAW Score Available
E.1 START-UP PLAN	5
A. Describe Prospective Contractor's start-up plan including the following: <ul style="list-style-type: none"> • A detailed timetable for commencing full operations • A detailed plan for orientation of new staff required to perform the contracted services, or other work elements • Plan of implementation and use of on-site supervisory staff • Identify all personnel that will be assigned to manage, supervise, and monitor your firm's transition to the new contract 	5 points
E.2 DELIVERY	25
A. One service objective of DHS is to receive pharmaceutical deliveries at the delivery locations up to three (3) times daily, Monday through Saturday, as needed. These facilities are open twenty-four (24) hours per day, seven (7) days a week, and may require urgent deliveries. Describe the Prospective Contractor's approach and methodology for ensuring all deliveries are completed as scheduled.	5 points
B. Provide the number of distribution centers, location(s), and hours of operation for each facility.	5 points
C. Describe the Prospective Contractor's approach and methodology for providing urgent/emergency pharmaceutical deliveries within two (2) hours from the time ordered.	5 points
D. Describe the approach and methodology for resolving delivery issues and addressing concerns.	5 points
E. Describe Prospective Contractor's blister pack system.	5 points
E.3 TECHNICAL FUNCTIONALITY	20
A. Describe the methodology for ensuring a system is in place within six (6) months of the contract start date that will interface with each electronic health records system that is readily available and meets all State of Arkansas , federal, and interface requirements for ADT, e-prescribe and prescription fulfillment.	5 points
B. Explain how the proposed system will adhere to regulations for protection of patient privacy.	5 points
C. Describe Prospective Contractor's system of documentation to process prior authorizations of medications.	5 points
D. Explain the daily operation of the medication delivery system for monitoring orders, receiving orders, and ensuring accuracy of medication deliveries.	5 points
E.4 BILLING	5
A. Describe the Prospective Contractor's approach and methodology for billing vendor programs such as Medicaid, Medicare, and private insurance companies prior to billing DHS.	5 points

Details

For service of process contact the Secretary of State's office.

LLC Member information is now confidential per Act 865 of 2007

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

Corporation Name
DON'S PHARMACY, INC.

Fictitious Names
—

Filing #
100084589

Filing Type
For Profit Corporation

Filed Under Act
Dom Bus Corp; 958 of 1987

Status
Good Standing

Principal Address
—

Reg. Agent
TONY ROGERS

Agent Address
8609 W. MARKHAM LITTLE ROCK, AR 72205

Date Filed
06/29/1990

Officers
DAVID E SMITH, Controller
TONY G ROGERS, Secretary
TONY G ROGERS, President
DAVID E SMITH, Tax Preparer
JENNIFER MYKA TABOR, Vice-President
SEE FILE, Incorporator/Organizer
TONY G ROGERS, Treasurer

Foreign Name

N/A

Foreign Address

—

State of Origin

—

Purchase a Certificate of Good Standing for this Entity.

Pay Franchise Tax for this corporation

Arkansas State Board of Pharmacy

322 South Main Street, Suite 600, Little Rock, Arkansas 72201

2024 - 2025 RETAIL PHARMACY LICENSE

Don's Pharmacy, Inc.

located at:

8609 W. Markham, Suite A, Little Rock, AR 72205

License #: AR01175 Expires: 12/31/2025

Original License Date: 11/30/1993

This is to certify that the Pharmacy named above is licensed under the provisions of the Arkansas Pharmacy Practice Act, other Arkansas statutes, and Arkansas Pharmacy Regulations.

Pharmacist in Charge: Jennifer Myka Rogers Tabor, PD11961

This permit is not transferable and must be prominently displayed.

License #: AR01175

Facility ID: 100530

Arkansas State Board of Pharmacy

Mailing Address: Don's Pharmacy, Inc.
8609 W. Markham
Suite A
Little Rock, AR 72205

Reason Mailed:

Renewal

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 www.pharmacyboard.arkansas.gov under "License Maintenance." Use the license number and facility ID above to log in. In-state pharmacies can also update employees online.

INFORMATION FOR EVALUATION

E.1 START-UP PLAN

A. Describe Prospective Contractor's start-up plan including the following:

- A detailed timetable for commencing full operations
 - i. We expect to commence full operations by May 1, 2025 (contract start date) if Don's is awarded this bid. We will be in communication with AHC and all DYS facilities throughout Spring 2025 to better understand how they each operate on a daily, weekly, and monthly basis, so that we can tailor our systems to what they need and prefer. We plan for all systems to be in place by the contract start date, so that the patients and staff at each facility experience no interruptions.
- A detailed plan for orientation of new staff required to perform the contracted services, or other work elements
 - i. We plan to orient our current staff with additional policies and procedures we will implement in regards to performing the contracted services. We will educate our staff on each facility, the patients that reside in each facility, and how we plan to meet their needs.
- Plan of implementation and use of on-site supervisory staff
 - i. We plan to visit each facility prior to the contract start date to better understand each facility and to familiarize ourselves with the staff and patients at AHC and DYS facilities. We plan to adapt our systems to each facility's specific needs once we have a better understanding of their operations. We will also provide any necessary training to the staff at each facility. We will follow up with each facility to address any issues that may arise as the contract begins and for the entirety of the contract. Our staff will be available for additional training or questions at all times.
- Identify all personnel that will be assigned to manage, supervise, and monitor your firm's transition to the new contract
 - i. The contract transition will be managed, supervised, and monitored by Myka Tabor (Pharmacist in Charge/Owner), Brooks Rogers (Pharmacist), Michael Rogers (Pharmacist), and Whitney Lunsford (Pharmacist). These will be the main points of contact for the duration of the contract as well.

E.2 DELIVERY

A. One service objective of DHS is to receive pharmaceutical deliveries at the delivery locations up to three (3) times daily, Monday through Saturday, as needed. These facilities are open twenty-four (24) hours per day, seven (7) days a week, and may require urgent deliveries. Describe the Prospective Contractor's approach and methodology for ensuring all deliveries are completed as scheduled.

- a. We contract with Parrish Delivery Services for our medication deliveries. They have been our trusted partner for over 30 years. We believe that using a company that specializes in medication transportation allows us to focus on our patients and their medication needs. We also utilize a proprietary real time

delivery tracking software to track all packages that leave our pharmacy. This is done utilizing QR code scanning along with photo and signature verification to ensure that each package is delivered to the correct place and the correct person.

- B. Provide the number of distribution centers, location(s), and hours of operation for each facility.
 - a. Don's operates from a single distribution center located at 8609 W. Markham St., Little Rock, AR, 72205. The hours of operation are Monday through Friday from 8 am until 6 pm and Saturday from 8 am until 2 pm. However, as a long time provider of various long term care facilities, we are accustomed to providing emergency and on call pharmacy services 24 hours a day, 365 days of the year.
- C. Describe the Prospective Contractor's approach and methodology for providing urgent/emergency pharmaceutical deliveries within two (2) hours from the time ordered.
 - a. Given the central location of our pharmacy, we are prepared to make deliveries for urgent and emergency medications within 2 hours from the time ordered. Due to our high staffing volume, we are able to process orders almost immediately so that our patients receive the quickest and best care possible. For orders outside of normal business hours, we have a pharmacist on call who is able to fulfill any urgent/emergency orders and promptly deliver to the appropriate location.
- D. Describe the approach and methodology for resolving delivery issues and addressing concerns.
 - a. While we do not anticipate any issues, any delivery issues can be resolved by our pharmacy staff and delivery personnel. Our staff is able to track deliveries and resolve any delivery issues utilizing our delivery software as well as GPS tracking of each vehicle. In the event of hazardous road conditions or a natural disaster, each facility will be notified immediately of any anticipated delays. However, we have vast experience in delivering medications in these conditions, and have never failed to deliver due to weather conditions.
- E. Describe Prospective Contractor's blister pack system.
 - a. We provide all solid oral doses in unit dose blister packs, unless given valid reason not to, upon which the facility will be notified. Our unit dose blister packs are heat sealed to ensure proper storage of each tablet or capsule. We agree to meet all packaging and labeling requirements. Each label will contain all pertinent information, as well as a written description of the medication contained in the blister pack. All items for each facility and patient bear a label with the appropriate information. We are also able to adjust any labeling specifications for each facility as needed.

E.3 TECHNICAL FUNCTIONALITY

- A. Describe the methodology for ensuring a system is in place within six (6) months of the contract start date that will interface with each electronic health records system that is readily available and meets all State of Arkansas, federal, and interface requirements for ADT, e-prescribe and prescription fulfillment.

- a. We anticipate each facility experiencing zero interruption in pharmacy services. We plan to have a real-time bidirectional electronic MAR interface in place with each facility by the start date of the contract. We utilize the most innovative pharmacy hardware and software to provide a high quality experience for nursing staff as well as patients. Our software allows for transmission of all patient demographics and other details, as well as prescription order information. Our interface adheres to all HIPAA and NCPDP security standards. A complete medication history is maintained on each patient in order to provide routine checks for allergies and medication interactions. We plan to work with each vendor to ensure a complete and robust setup at each site, interfacing with both MatrixCare and CueShift. We are also committed to providing resources and training, virtually or on site, to ensure a smooth transition for all parties involved.
- B. Explain how the proposed system will adhere to regulations for protection of patient privacy.
 - a. All orders and records are maintained with HIPAA compliance for 10 years, so we can easily retrieve previous orders if needed. If needed, new orders can be received via telephone, fax, and electronically. All orders, regardless of origin, are input into the same software system which provides a seamless and all-inclusive profile for each patient. All orders are encrypted and transmitted over a secure network. Our electronic MAR interface meets and exceeds all patient privacy regulations. We also shred all paperwork containing patient information to ensure privacy protection.
- C. Describe Prospective Contractor's system of documentation to process prior authorizations of medications.
 - a. For prescribed medications that require a prior authorization, we notify the prescriber as well as the facility on the same day. We follow up on prior authorizations daily. We also notify all parties involved of any compatible therapies that do not require prior authorization, so that the patient can receive adequate treatment in a timely manner. In addition to phone calls and faxes, we also utilize software that immediately notifies the prescriber that a prior authorization is required for a particular medication once the prescription is processed in our system.
- D. Explain the daily operation of the medication delivery system for monitoring orders, receiving orders, and ensuring accuracy of medication deliveries.
 - a. For most long term care facilities that we service, we offer cycle fills of maintenance medications, which is delivering all maintenance medications for all patients on the same day of the month. Over the past 30 years, we have found this to be the most effective way to service facilities. Generally, all orders are received and entered into our software by a pharmacist, who conducts an initial review of the order for a particular patient, which includes the appropriate medication, dosage, directions, quantity, and any patient allergies and drug-drug interactions. Once the order is processed, our medication robot verifies the medication, dosage, and quantity. Then, a pharmacy technician verifies the order, medication, strength, and dosing. Lastly, another pharmacist verifies the entire

order for safety and effectiveness for each patient. We use a five point inspection bar-code system in our pharmacy that verifies each order, medication, drug-drug interactions and patient allergies a minimum of 5 times before any order leaves the pharmacy. The order is then packaged, tracked, and transported to the end destination.

E.4 BILLING

- A. Describe the Prospective Contractor's approach and methodology for billing vendor programs such as Medicaid, Medicare, and private insurance companies prior to billing DHS.
 - a. Don's is able to search multiple databases in real time to confirm a patient's active insurance policies. This includes all active medicare, medicaid, private insurance, and federal insurance policies. Using this information, we are able to bill the appropriate payor(s) prior to billing DHS. We also employ two licensed health insurance agents on our staff that are able to navigate any insurance complexities for our patients to maximize their insurance plan, thus reducing DHS expenses. Further, we actively search for manufacturer coupon assistance programs for eligible patients in order to reduce expenses.

Equal Employment Opportunity Statement

"Don's" provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, gender identity, national origin, age, disability, genetic information, marital status, amnesty or status as a covered veteran in accordance with applicable federal, state and local laws. "Don's" 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 hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

"Don's" expressly prohibits any form of unlawful employee harassment based on race, color, religion, gender, sexual orientation, national origin, age, genetic information, disability or veteran status. Improper interference with the ability of "Don's" employees to perform their expected job duties is absolutely not tolerated.



Antiharassment Policy and Complaint Procedure

"Don's" is committed to a work environment in which all individuals are treated with respect and dignity. Each individual has the right to work in a professional atmosphere that promotes equal employment opportunities and prohibits unlawful discriminatory practices, including harassment. Therefore, "Don's" expects that all relationships among persons in the office will be business-like and free of bias, prejudice and harassment.

It is the policy of "Don's" to ensure equal employment opportunity without discrimination or harassment on the basis of race, color, religion, gender, sexual orientation, gender identity, national origin, age, disability, genetic information, marital status, amnesty or status as a covered veteran. "Don's" prohibits any such discrimination or harassment.

"Don's" encourages reporting of all perceived incidents of discrimination or harassment. It is the policy of "Don's" to promptly and thoroughly investigate such reports. "Don's" prohibits retaliation against any individual who reports discrimination or harassment or who participates in an investigation of such reports.

Definitions of Harassment

Sexual harassment constitutes discrimination and is illegal under federal, state and local laws. For the purposes of this policy, sexual harassment is defined, as in the Equal Employment Opportunity Commission Guidelines, as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when, for example a) submission to such conduct is made either ex-

Contract Number _____
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: _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

☐ Yes ☒ No

IS THIS FOR:

Goods? ☐ Services? ☒ Both? ☐

TAXPAYER ID NAME: Don's Pharmacy, Inc.

YOUR LAST NAME: Rogers FIRST NAME: Michael M.I.: B

ADDRESS: 8609 W. Markham St., Suite A

city: Little Rock

STATE: AR ZIP CODE: 72205

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 [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?	Person's Name(s)	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 _____
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 Pharmacist Date 11/18/2024

Vendor Contact Person Michael Rogers Title Pharmacist Phone No. (501) 225-2222

Agency use only

Agency Number 0710 Name Department of Human Services

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



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.

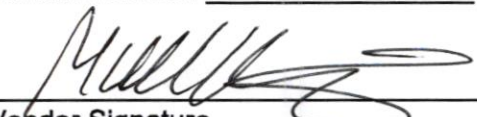
By signing this form, the Contractor agrees and certifies they are not a Scrutinized Company and they do not currently and shall not for the aggregate term of any resultant contract:

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

Contract Number: 710-25-024 Description: Pharmacy Services

Agency Name: _____

Vendor Number: V000008101 Vendor Name: Don's Pharmacy, Inc.


Vendor Signature

11/18/2024
Date

Attachment I
Client History Form
Pharmacy Services
710-25-024

Attachment I

Pharmacy Services Client History Form

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

The State reserves the right to verify the accuracy of these answers by contacting any of the listed clients. 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 RFP, Arkansas DHS will be the client. For each listed client, Respondents may (but are not required to) 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 you (the prime contractor only) **served as the prime contractor** for dispensing pharmaceuticals in similar surroundings (Nursing Homes, Residential Care, etc.). Please include the following: name(s) of facility, address of facility, brief overview of the facility including census at the time services were provided, type of facility, duration of services, and description of services provided. If there are no contracts which meet this definition, please state "none."

1. The Magnolias

3601 W. Roosevelt Road, Little Rock, AR 72204

This was a residential care facility with a census of 183 beds. We serviced this facility for 10 years before it closed in the Summer of 2023. We provided medication delivery and immunization services for these patients.

2. Parkway Health Center

14324 Chenal Parkway, Little Rock, AR 72211

This is a 105 bed long term care facility that we continue to maintain a relationship with for over 20 years of serving their clients. We provide medication delivery, unit dose packaging, immunization services, and 24 hour on call services for this facility.

3. Presbyterian Village

510 Brookside Drive, Little Rock, AR 72205

We continue to service patients in various wings of this facility, including independent living, residential care, and long term care. We have cared for these patients for over 20 years. We provide medication delivery, unit dose packaging, immunization services, and 24 hour on call services for this facility.

2. Please list clients where the proposed subcontractor(s), if applicable, **served as the prime contractor** for dispensing pharmaceuticals in similar surroundings (Nursing Homes, Residential Care, etc.). Please include the following: name(s) of facility, address of facility, brief overview of the facility including census at the time services were provided, type of facility, duration of services, and description of services provided. If there are no contracts which meet this definition, please state "none."

None

Authorized Signature: _____



Title: _____

Pharmacist

Printed/Typed Name: _____

Michael Rogers

Date: _____

11/18/2024