

BID RESPONSE PACKET
710-23-0060

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Healthcare Staffing Professionals, Inc. DBA HSP, Inc.				
Address:	6914 Canby Avenue, Suite 109				
City:	Reseda	State:	CA	Zip Code:	91335
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:	Cornelius Mamboleo	Title:	Vice President of Staffing
Phone:	818-921-3126	Alternate Phone:	501-441-4958
Email:	corneliusm@hsp-inc.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:

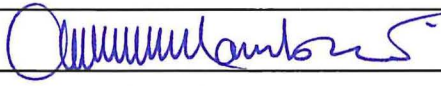
Authorized Signature:  Title: Vice President of Staffing

Printed/Typed Name: Cornelius Mamboleo Date: 6/7/2023

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:	Healthcare Staffing Professionals, Inc. DBA HSP, Inc.	Date:	6/7/2023
Signature:		Title:	Vice President of Staffing
Printed Name:	Cornelius Mamboleo		

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.**

MINIMUM QUALIFICATION VERIFICATION

- The Contractor must at least one (1) office physically located in the State of Arkansas and open during State business hours (Monday through Friday, 8:00 am – 4:30 pm CST) In the space below, list the physical address(s), hours of operation, and phone number(s) of location(s) in the State of Arkansas. A separate attachment may be used if additional space is required.*

Physical Address: 400 W. Capitol Avenue Suite 1700 Phone Number: 501-441-4958
Little Rock, AR 72201
Hours of Operation: Monday - Friday, 8:00 am – 4:30 pm CST

Physical Address: 6914 Canby Ave, Suite 109 Reseda, CA 91335 Phone Number: 818-921-3126
Hours of Operation: Monday - Friday, 8:30 am – 5:00 pm PST

Physical Address: _____ Phone Number: _____
Hours of Operation: _____

Physical Address: _____ Phone Number: _____
Hours of Operation: _____

Physical Address: _____ Phone Number: _____
Hours of Operation: _____

Physical Address: _____ Phone Number: _____
Hours of Operation: _____

Physical Address: _____ Phone Number: _____
Hours of Operation: _____

Physical Address: _____ Phone Number: _____
Hours of Operation: _____

Physical Address: _____ Phone Number: _____
Hours of Operation: _____

Physical Address: _____ Phone Number: _____
Hours of Operation: _____



Arkansas Secretary of State John Thurston

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

HEALTHCARE STAFFING PROFESSIONALS, INC.

formed under the laws of the state of California, and authorized to transact business in the State of Arkansas as a Foreign For Profit Corporation, was granted a Application for Certificate of Authority by this office July 29, 2021.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



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 12th day of June 2023.


John Thurston

Secretary of State

Online Certificate Authorization Code: 32d4eb5339a905d

To verify the Authorization Code, visit sos.arkansas.gov



MINIMUM QUALIFICATIONS

Founded as Healthcare Staffing Professionals in 2006, our company was built from the ground up with a focus on integrity, work ethic, teamwork, diversity and client success. As our name would suggest, Healthcare Staffing Professionals, Inc. initially started staffing in the challenging and competitive healthcare market with clinical positions to supporting state hospitals, correctional facilities, large public health systems and private hospitals. What we determined is that our unique approach to candidate acquisition and our relentless focus on client success was easily transferrable to other industries and client types. We established the DBA, HSP, Inc. and we have since developed expertise in staffing Administrative, Financial, Social Services and IT positions.

References

Organization: Los Angeles County Department of Public Health
Contact Person: Dr. Lisa Smith
Address: 313 N. Figueroa Street, Room 127 Los Angeles, CA 90012
Email: lismith@ph.lacounty.gov
Phone: 323-333-2135

Scope of Work

Under a Master service agreement, HSP has been awarded several programs where we have provided staffing services in multiple job taxonomies including:

Accountant	Information Technology Specialist II
Accounting Technician II	Nursing Instructor
Administrative Aid	Principal Application Developer
Administrative Assistant I	Procurement Assistant I
Administrative Assistant II	Public Health Investigator
Administrative Assistant III	Public Information Officer II
Assistant Staff Analyst	Research Analyst I
Community Health Worker	Research Analyst II
Contract Program Auditor	Research Analyst III
Data Architect	Safety Assistant
Data Scientist	Safety Inspector
Document Translator	Senior Health Educator
Enhanced Vac Planning Coordinator	Senior Health Educator Training
Epidemiologist	Senior IT Technical Support Analyst (ITTSA)
Epidemiology Analyst	Staff Analyst Health
Geographic Information System Analyst	Staff Analyst, Health
Head, Media Services	Staff Assistant I

Headquarter
6914 Canby Ave, Suite 109
Reseda, CA 91335

Michigan Office
400 Renaissance Ctr, Ste 2600
Detroit, MI 48243

North Carolina Office
4509 Creedmoor Rd, Suite 201
Raleigh, NC 27612

Texas Office
3730 Kirby Dr., Suite 1200
Houston, TX 77098



Health Education Assistant	Supervising Epidemiologist
Health Educator	Supervising Public Health Investigator
Health Program Analyst I	Warehouse Worker I
Health Program Analyst II	Warehouse Worker II
Health Program Analyst III	Warehouse Worker III

Organization: North Carolina Department of Health and Human Services (NCDHHS)
Contact Person: Judy Casey
Address: 2001 Mail Service Center Raleigh, NC 27699
Email: judy.casey@dhhs.nc.gov
Phone: 919-947-9615

Scope of Work

For the past 7 years we have supported all the NCDHHS facilities with temporary staffing services for Registered nurses, Licensed Practical Nurses, Certified Nursing Assistants and Health Care Technicians.

Organization: California Department of State Hospitals (DHS)
Contact Person: Alex Alvarado
Address: 24511 W. Jayne Ave Coalinga, CA 93210
Email: alexandria.alvarado@dsh.ca.gov
Phone: 559-935-7232

Scope of Work

For over 12 years, HSP has been providing temporary staffing services to DHS facilities for various job classifications including nursing, mental health, dietary services and rehabilitation services.

Organization: North Carolina Department of Adult Correction
Contact Person: Beth Broadwell
Address: 24511 W. Jayne Ave Coalinga, CA 93210
Email: beth.broadwell@dac.nc.gov
Phone: 919-324-6448

Scope of Work

For the past 8 years we have supported all the NCDAC facilities with temporary staffing services for Registered nurses, Licensed Practical Nurses and Certified Nursing Assistants.

Headquarter
6914 Canby Ave, Suite 109
Reseda, CA 91335

Michigan Office
400 Renaissance Ctr, Ste 2600
Detroit, MI 48243

North Carolina Office
4509 Creedmoor Rd, Suite 201
Raleigh, NC 27612

Texas Office
3730 Kirby Dr., Suite 1200
Houston, TX 77098



Healthcare Staffing Professionals, Inc
Company Policy 20.0400
Description: EEO
Effective: August 1, 2019
Revised: January 1, 2023

Equal Employment Opportunity Policy: Detailed

Objective

Healthcare Staffing Professionals, Inc is an equal opportunity employer. In accordance with anti-discrimination law, it is the purpose of this policy to effectuate these principles and mandates. Healthcare Staffing Professionals, Inc prohibits discrimination and harassment of any type and affords equal employment opportunities to employees and applicants without regard to race, color, religion, sex, sexual orientation, gender identity or expression, pregnancy, age, national origin, disability status, genetic information, protected veteran status, or any other characteristic protected by law. Healthcare Staffing Professionals, Inc conforms to the spirit as well as to the letter of all applicable laws and regulations.

Scope

The policy of equal employment opportunity (EEO) and anti-discrimination applies to all aspects of the relationship between Healthcare Staffing Professionals, Inc and its employees, including:

- Recruitment.
- Employment.
- Promotion.
- Transfer.
- Training.
- Working conditions.
- Wages and salary administration.
- Employee benefits and application of policies.

The policies and principles of EEO also apply to the selection and treatment of independent contractors, personnel working on our premises who are employed by temporary agencies and any other persons or firms doing business for or with Healthcare Staffing Professionals, Inc

Dissemination and Implementation of Policy

The officers of Healthcare Staffing Professionals, Inc will be responsible for the dissemination of this policy. Directors, managers and supervisors are responsible for implementing equal employment practices within each department. The HR department is responsible for overall compliance and will maintain personnel records in compliance with applicable laws and regulations.

Procedures

Healthcare Staffing Professionals, Inc administers our EEO policy fairly and consistently by:

- Posting all required notices regarding employee rights under EEO laws in areas highly visible to employees.
- Advertising for job openings with the statement *"We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual*



orientation, gender identity or expression, pregnancy, age, national origin, disability status, genetic information, protected veteran status, or any other characteristic protected by law”.

- Posting all required job openings with the appropriate state agencies.
- Forbidding retaliation against any individual who files a charge of discrimination, opposes a practice believed to be unlawful discrimination, reports harassment, or assists, testifies or participates in an EEO agency proceeding.
- Requires employees to report to a member of management, an HR representative or the general counsel any apparent discrimination or harassment. The report should be made within 48 hours of the incident.
- Promptly notifies the general counsel of all incidents or reports of discrimination or harassment and takes other appropriate measures to resolve the situation.

Harassment

Harassment is a form of unlawful discrimination and violates Healthcare Staffing Professionals, Inc policy. Prohibited sexual harassment, for example, is defined as unwelcome sexual advances, request for sexual favors and other verbal or physical conduct of a sexual nature when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment.
- Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individuals.
- Such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

Harassment also includes unwelcome conduct that is based on race, color, religion, sex, sexual orientation, gender identity or expression, pregnancy, age, national origin, disability status, genetic information, protected veteran status, or any other characteristic protected by law. Harassment becomes unlawful where:

- Enduring the offensive conduct becomes a condition of continued employment, or
- The conduct is severe or pervasive enough to create a work environment that a reasonable person would consider intimidating, hostile, or abusive.

Healthcare Staffing Professionals, Inc encourages employees to report all incidents of harassment to a member of management or the HR department by calling 818-927-2141 or emailing at hspadmin@hsp-inc.com. Healthcare Staffing Professionals, Inc conducts harassment prevention training for all employees and maintains and enforces a separate policy on harassment prevention, complaint procedures and penalties for violations. Healthcare Staffing Professionals, Inc investigates all complaints of harassment promptly and fairly, and, when appropriate, takes immediate corrective action to stop the harassment and prevent it from recurring.

Remedies

Violations of this policy, regardless of whether an actual law has been violated, will not be tolerated. Healthcare Staffing Professionals, Inc will promptly, thoroughly and fairly investigate every issue that is brought to its attention in this area and will take disciplinary action, when appropriate, 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: Healthcare Staffing Professionals, Inc.

Goods? ☐ Services? ☒ Both? ☐

YOUR LAST NAME: Mamboleo

FIRST NAME Cornelius

M.I.: _____

ADDRESS: 6914 Canby Avenue, Suite 109

CITY: Reseda

STATE: CA

ZIP CODE: 91335

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.]	
	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 Vice President of Staffing Date 6/7/2023

Vendor Contact Person Cornelius Mamboleo Title Vice President of Staffing Phone No. (818) 921-3126

Agency use only

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