

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

INTERPRENET, LTD.

filed in this office

April 20, 2023

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 20th day of April 2023.




John Thurston
Secretary of State

Online Certificate Authorization Code: 640001644b11ddb917d
To verify the Authorization Code, visit sos.arkansas.gov



Application for Certificate of Authority

Filing Information

Filing Act: 958 of 1987
Foreign Date of Origin: 2003-12-10
State of Origin: IL
Foreign Country of Origin: USA
Entity Name: INTERPRENET, LTD.
File Date: 2023-04-20 12:22:49
Effective Date: 2023-04-20
Filing Signature: NAT SMITH
Ar Number Shares: 100
Ar Par Value: 1
Signature Title: IncorporatorOrganizer
Stock Nonstock: Stock

Registered Agent:

Business Name: NORTHWEST REGISTERED AGENT, LLC.
Address 1: 701 SOUTH ST. STE 100
City: MOUNTAIN HOME
State: AR
Zip: 72653
Country: USA

Officers

First Name: NAT
Last Name: SMITH
Title: Incorporator/Organizer
Address 1: 701 SOUTH ST. STE 100
City: MOUNTAIN HOME
State: AR
Zip: 72653
Country: USA

First Name: CARLOS
Last Name: CANTU-LEE
Title: Director
Address 1: 701 SOUTH ST. STE 100
City: MOUNTAIN HOME
State: AR
Zip: 72653
Country: USA

First Name: CARLOS
Last Name: CANTU-LEE
Title: Secretary
Address 1: 701 SOUTH ST. STE 100
City: MOUNTAIN HOME
State: AR
Zip: 72653
Country: USA

First Name: CARLOS
Last Name: CANTU-LEE
Title: Treasurer
Address 1: 701 SOUTH ST. STE 100
City: MOUNTAIN HOME
State: AR
Zip: 72653

Country: USA

First Name: DAVID

Last Name: MEDRANO

Title: President

Address 1: 701 SOUTH ST. STE 100

City: MOUNTAIN HOME

State: AR

Zip: 72653

Country: USA

Principal

Entity Name: INTERPRENET, LTD.

Address 1: 27 N. WACKER DR, SUITE 270

City: CHICAGO

State: IL

Zip: 60606

Country: USA

Foreign Contact

Entity Name: Interprenet, Ltd.

Address 1: 27 N. Wacker Dr, suite 270

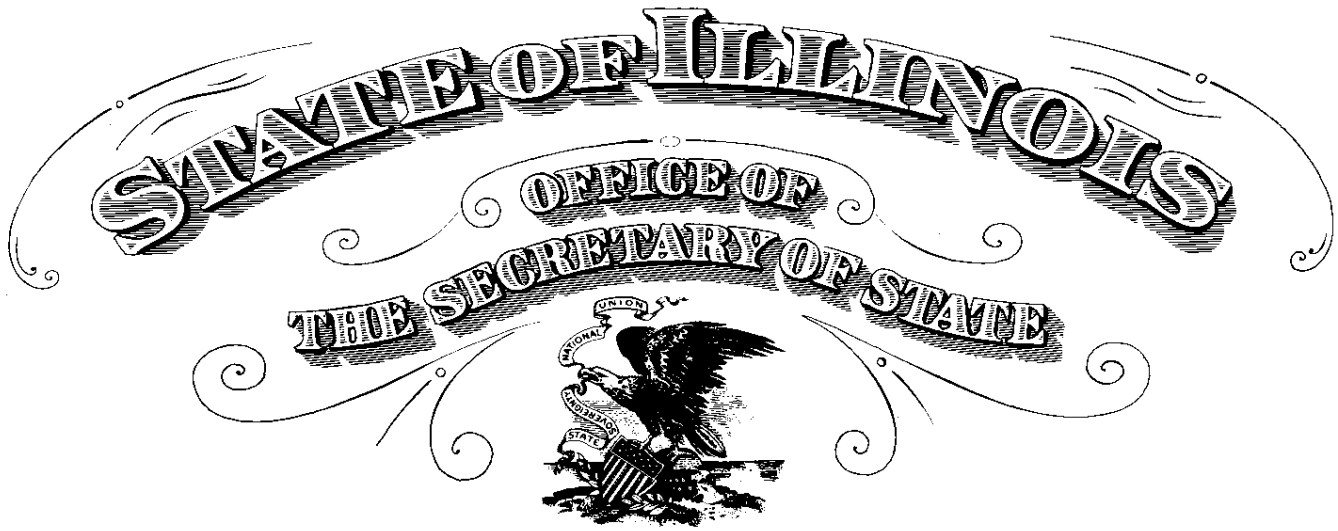
City: Chicago

State: IL

Zip: 60606

File Number

6324-879-7

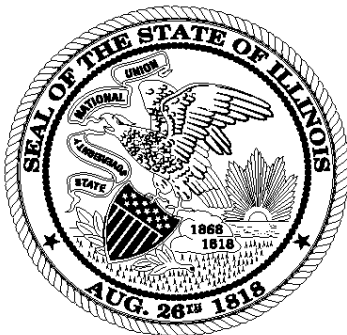


To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

INTERPRENET, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 10, 2003, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 20TH day of APRIL A.D. 2023 .



Authentication #: 2311000924 verifiable until 04/20/2024
Authenticate at: <https://www.ilsos.gov>

SECRETARY OF STATE

BID RESPONSE PACKET
710-23-0039

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Interprenet, Ltd			
Address:	c/o Northwest Registered Agent 701 South St Ste 100			
City:	Mountain Home	State:	AR	Zip Code: 72653
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:	Carrie Brush	Title:	Contract Sales Manager
Phone:	312-928-1188	Alternate Phone:	
Email:	brush.carrie@interprenet.net		

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.
<p><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></p>

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: Carrie Brush Title: Contract Sales Manager

Printed/Typed Name: Carrie Brush Date: 05/12/23

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:	Interprenet, Ltd	Date:	05/12/23
Signature:	<i>Carrie Brush</i>	Title:	Contract Sales Manager
Printed Name:	Carrie Brush		

ATTESTATION OF PERSONNEL EXPERIENCE

By providing a signature below, the Prospective Contractor attests that all personnel that can provide services defined in this solicitation and provided under an established contract will have at least one (1) year of experience providing interpreter and/or translation services within the last five (5) years.

Vendor Name:	Interprenet, Ltd	Date:	05/12/23
Signature:	<i>Carrie Brush</i>	Title:	Contract Sales Manager
Printed Name:	Carrie Brush		

SECTIONS 2.3 MINIMUM QUALIFICATIONS

- Include a list of certified or registered interpreter employees who are on file with the Administrative Office of the Courts. For verification purposes, names will be validated against the Registry of Court Interpreters.

TABLE 1: REGISTRY OF COURT INTERPRETERS	
Name	
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Šq q * / Z @	
Xə } ææŠq	
Ÿ [^ } * Š^ ^	
O ç @ A U æ { æ æ @	
O } ææÙà^ { æ } à	
Vq æU^ { æ æ^ { à^	
T ^ & @Ù [æ	
Ping Chen	
Erica Langendoefer	
Juliana Cardenas	This is a sampling of our interpreters. These names may not be providing services
Steven Mines	

- Include the name, language(s), and certification number of all ATA certified interpreters and translators able to provide services defined in this solicitation and provided under an established contract in the table below. Prospective Contractor may use a separate document if additional space is required.

TABLE 2: CERTIFIED		
Name	Language(s)	Certification Number
Enrica Julia Ardemagni	Spanish	
Tatiana Contreras	Spanish	
Melanie Simmons	Spanish	
Ramon Escamilla	Japanese	
Mariana Campos	Spanish	
Susan Rascon	Spanish	
Daniela Iniguez	Spanish	
Rosa Loez-Gaston	Spanish	
Andre Moskowitz	Spanish, Portuguese	
Robert Shillenn	Spanish, Russian	
Jeffrey Alfonso	Spanish	
Mary Chen	Chinese	
Eve Dupertuis	French	
Martin Hoffman	Portuguese, Spanish, French	
Stuart Sears	Arabic	
Richard Marrash	Arabic, French	
Nikolaj Widenmann	Danish, Spanish	
Elizabeth Seletsky	Russian	
Maria Laporte	Portuguese	
Teresa Trdla	Spanish	
Tapani Ronni	Finnish	
Susanne van Eyl	German	
Mika Jarmusz	Japanese	This is a sampling of our interpreters. These names may not be providing services.
Soledad Judge	Spanish	
Daniella Lincks	Portuguese	Certification numbers are confidential and will be released when bid is awarded.
Gerard Majka	Polish	

- Include the name and language(s) of each non-certified interpreters and translators able to provide services defined in this solicitation and provided under an established contract in the table below. Prospective Contractor may use a separate document if additional space is required.

TABLE 3: NON-CERTIFIED	
Name	Language(s)
Patricia Garrido	Spanish
Thu Maulden	Vietnamese
Kirill Maslakov	Russian
Jutta Powers	German
Ana Gutierrez	Spanish
Charles Castleberry	Portuguese
Mirna Ordonez	Spanish
Sarfaraz Khan	Pashto, Urdu, Dari, Burmese, Karen, Kinyarwanda, Somali
Ashgan Abbas	Arabic, Amharic, Burmese, Somali, Swahili, Creole, Nepali
Ashik Kapasi	Gujarati, Swahili, Hindi, Urdu
Claire Seifi	Farsi, French
Kipyo Han	Korean, Chinese, Japanese, Spanish, German
Hany Arafat	Arabic
Janice Burt	Spanish
Iris Reta	Spanish
Yolanda Gordillo	Spanish
Monsicha Veeratornchuchit	Thai
Sarantis Alexopolous	Greek
Pavlina Moore	Russian, Ukrainian
Joseph Ngiriburundi	Swahili
Falguni Rubio	Nepali
Tuan Le	Vietnamese
Eternelli Lamounier	Portuguese
Giamanco Ooink	Haitian
Anna Belle Rodriguez	Marshallese
Narose Martha Jorren	Marshallese
Samuel Mattix	Laotian, Thai
Chris Kunej	Serbian, Croatian
Chhoan Lim	Cambodian
Mulania Bathin	Karen
Giovanna Giustino	Italian
Miao Hong	Mandarin

This is a sampling of our interpreters. These names may not be providing services

- Contractor must have an operational toll-free number, within the United States, to access all services. Provide the toll-free number in the space below.

Toll-Free Number: 877-928-1188

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

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

DOCUMENTATION CHECKLIST

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

- Official documentation of active registration from the Arkansas Secretary of State's Office
- Official Bid Price Sheet
- All documents provided in the bid response packet
- Copy of Vendor's Equal Opportunity Policy
- Signed Addenda, if applicable
- EO 98-04 Disclosure Form (Attachment A)

Equal Opportunity Employer Policy

Objective

Interprenet is an Equal Opportunity Employer committed to fostering, cultivating, and preserving a culture of equality, diversity, and inclusion among our workforce, eliminating any kind of discrimination, and respecting the diverse backgrounds and beliefs of all members of the company and customers.

The purpose of this policy is to establish our commitment with equality and diversity, in accordance with anti-discrimination law by prohibiting discrimination and harassment of any type and affording equal employment opportunities to our employees and applicants regardless of race, religion, color, ancestry, national origin, socio-economic status, political views or activities, marital and parental status, gender, sexual orientation, gender identity/expression, age, veteran status, medical condition, the presence of any sensory, mental or physical disability in an otherwise qualified disabled person, or any other characteristics protected by law.

Scope

This policy applies to all aspects of the relationship between Interprenet and its employees, including:

- Recruitment.
- Employment.
- Promotion.
- Transfer.
- Training.
- Performance evaluation.
- Working conditions.
- Administration of compensation and benefits.
- Application of policies.

Also, this policy is applicable to the selection and treatment of independent contractors and any other persons or firms doing business for or with Interprenet.

Dissemination

The HR department will be responsible for the dissemination of this policy and for its overall compliance. Directors, managers, and supervisors are responsible for implementing equal employment practices within each department.

Actions

Our human capital is our most valuable asset. The collective sum of the individual differences, life experiences, knowledge, self-expression, inventiveness, innovation, unique capabilities, and talent that our employees invest in their work represents a significant part of not only our culture, but our reputation and achievements as a company.

To ensure equality at Interprenet, we will comply with all EEO laws and regulations that apply to each part of our company and provide a work environment where their rights are respected. The company is also committed to prevent and resolve any kind of harassment against our team members.

Everyone at the company must comply with this policy at all times. All supervisors and managers are responsible for abiding to equal opportunity practices and make decisions objectively. Further actions to comply with this policy include:

- Advertise job openings with the EEO statement.
- Work with and provide reasonable accommodations for qualified individuals with disabilities or special needs.
- Consider for employment qualified applicants with criminal histories in a manner that is consistent with applicable federal, state, and local laws.
- Provide equal opportunities of growth and development to everyone in our team.
- Provide parental leave and flexible work arrangement policies.

Grievance Procedure

If you see or suspect that this EEO policy is violated, please inform the HR department immediately so they can take appropriate action.

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 28, 2023
SUBJECT: 710-23-0039 Language Interpreter and Translation Services

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 BID OPENING DATE AND TIME

- The bid submission date and time has been changed to May 16, 2023, at 1:30 p.m. Central Time.
- The bid opening date and time has been changed to May 16, 2023, at 2:00 p.m. Central Time.

OTHER

- Section 1.29 Schedule of Events, has been changed to the following dates and times. All other dates will remain the same:

Response to Written Questions, On or About May 4, 2023
Date and Time for Bid Submission, May 16, 2023 @ 1:30 p.m.
Date and Time for Bid Opening, May 16, 2023 @ 2:00 p.m.
Intent to Award Announced, On or About May 25, 2023

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: Nawania Williams, DHS.OP.Solicitations@dhs.arkansas.gov, and 501-320-6511.

Carrie Brush _____ 05/12/23 _____
Vendor Signature Date

Interprenet, Ltd _____
Company

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

ADDENDUM 2

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: May 5, 2023
SUBJECT: 710-23-0039 Language Interpreter and Translation Services

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 SPECIFICATION(S)

- Section 2.3.A in the solicitation, remove and replace with the following:
The Contractor **must** be registered to do business in the State of Arkansas and in good standing by the initial start of any resulting contract. For verification purposes, Contractor **must** provide a [Certificate of Good Standing](#), [Certificate of Authority](#), other required [Arkansas Secretary of State](#) documentation such as non-filing or nonqualifying statements, upon DHS request.
- Section 2.3.C in the solicitation, remove and replace with the following:
Contractor **shall** use qualified interpreters for the area of expertise requested. Prospective Contractor **must** provide both certified and non-certified interpreters and translators. For purposes of this solicitation, certified interpreters refer to those that are certified by the American Translators Association (ATA) and non-certified interpreters refer to those that are qualified and have been assessed for professional skills including proficiency, training, and experience. For verification purposes, Prospective Contractor **shall** provide the names and language(s) for each certified and non-certified interpreter and translator on pages five (5) and six (6) Tables 2 and 3 of the bid response packet.
- Section 2.4.D in the solicitation, remove and replace with the following:
The Contractor **shall** provide certified and non-certified (qualified) foreign language. DHS reserves the right to request simultaneous interpretation services.
- Remove Section 2.10 in the solicitation, remove and replace with the following:
 - A. Applicable to all in-person and all court interpreter services and pursuant to Arkansas Code Annotated (A.C.A.) § 19-11-273, Contractor shall comply with A.C.A. §21-15-101 et seq, or any amendments thereto, Should an applicant, Vendor's agent or employee be found to have been convicted of a crime listed in A.C.A. §21-15-101 et seq, that individual shall be prohibited from providing services. Should an applicant, Vendor's agent or employee be found to have been named as an offender or perpetrator in a true, substantiated, or founded report from the Child Maltreatment Central Registry, the Adult Abuse Central Registry, or the Certified Nursing Assistant/ Employment Clearance Registry, the individual/applicant/employee shall be immediately disqualified.
 1. Prior to contract start or when requested by DHS, the Contractor **must** provide, at no cost to the State of Arkansas, the following Criminal Background Check Reports on individuals providing services in person:
 - The Contractor
 - The Supervisors and Employees
 2. All employees or agents of Vendor, providing interpreter services in-person **must** pass a criminal background check prior to the commencement of their work. No employee or agent of Vendor shall

be scheduled to commence in-person work until and unless they have passed a criminal background check.

- B. For services provided via telephone or by internet video conference by non-certified qualified interpreters, all individuals must submit a criminal background check as outlined above, or otherwise provide a commercially run criminal background check to the state upon request. If Vendor cannot provide a criminal background check on an individual who will be providing services, then that individual may be prevented from providing interpreter services, unless otherwise approved by the DHS Privacy Office or Office of Chief Counsel.
- C. DHS reserves the right to determine if a company employee or hired individual passes or fails the criminal background check based on the results of the report. If the individual fails, they shall not be allowed to provide services under any resultant contract resulting from this IFB.
- D. Online Background Reports Will Be Accepted.
 - 1. Arkansas State Police (ASP) certified background reports on all employees or individuals providing in-person services **shall** be provided to DHS prior to providing services, including employees or individuals that may be added at a later date.
 - a. Background reports **must** be current. Current is defined as background reports which are dated and received by DHS within (72) hours of being sent by the Arkansas State Police (ASP) or other commercial entity, as applicable. Background reports which are not current **shall** not be considered.
 - b. Should ASP or other commercial entity be delayed in sending the Criminal Background reports to DHS, DHS will accept proof of payment and application from Contractor to receive the reports as compliant with this requirement.
 - c. DHS reserves the right to terminate any resultant contract resulting from this IFB should evidence show tampering of any background reports.
 - d. The Contractor **shall** utilize the Arkansas State Police (ASP) for all background reports for in-person services. Commercial background reports for other individuals providing services are permissible.
 - e. Contractor **shall** immediately notify DHS of any changes or substitution of any employees assigned to the locations.
 - f. Background reports **shall** be sent by ASP directly to DHS for review, or by the commercial entity as applicable.
 - 2. Online background reports will be accepted through the Arkansas State Police website only. <http://asp.arkansas.gov/services-and-programs/detail/criminal-background-checks> .
- E. Additional Background Checks
 - 1. DHS reserves the right to require, at no cost to the State, additional background checks of any employee at any time during the initial or any subsequent terms of the contract should good cause exist and is provided to the Contractor. DHS **shall** have sole authority to determine good cause.
 - 2. Contractor **shall** complete the form and send it directly to the ASP after written notification has been provided.
- F. Renewal Periods
 - 1. DHS requires, at no cost to the State, current reports. Current is defined as background reports which are dated and received by DHS within (72) hours of being sent by the Arkansas State Police (ASP) or commercial entity. (Background reports which are not current **shall** not be considered).
 - 2. Contractor **shall** complete the form for each employee or individual pursuant and submit it to the ASP or the commercial entity, as applicable, not more than thirty (30) days prior to the start of the renewal period.

ADDITIONAL SPECIFICATIONS

- Section 2.4.F.7 in the solicitation, add the following:
Pursuant to such circumstances, the Contractor may apply a set fee for expedited services at the submitted bid price for such circumstances.

OTHER

- Add Attachment H – Historical Language Information
- Remove the Official Bid Price Sheet and replace with the Revised Official Bid Price Sheet

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.

Carrie Brush

05/12/23

Vendor Signature

Date

Interprenet, Ltd

Company

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: Interprenet, Ltd

Goods? Services? Both?

YOUR LAST NAME: Brush

FIRST NAME: Carrie

M.I.: _____

ADDRESS: Northwest Registered Agent - 701 South St STE 100

CITY: Mountain Home

STATE: AR

ZIP CODE: 72653

COUNTRY: US

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse *is* a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Position of Job Held <small>[senator, representative, name of board/ commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and how are they related to you? <small>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]</small>	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (√)		Name of Position of Job Held <small>[senator, representative, name of board/commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

None of the above applies

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 Carrie Brush Title Contract Sales Manager Date 05/12/23

Vendor Contact Person Carrie Brush Title Contract Sales Manager Phone No. 312-928-1188

Agency use only

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