

# Open-Ended RFQ Contact Information

*This document has been provided for informational purposes only. The OSP Contact Information provided below is specific to the referenced RFQ and is subject to change.*

RFQ Number: S000000282

Description: Re-Entry Facility

OSP Buyer: Austin McClane

501-371-6156

[Austin.McClane@arkansas.gov](mailto:Austin.McClane@arkansas.gov)

OSP Main Phone: 501-324-9316

OSP Website: <https://www.transform.ar.gov/procurement/vendor-resources/miscellaneous-bid-opportunities/>

Note: This solicitation is an open-ended RFQ. Vendors may submit a Response to this solicitation at any time while the solicitation is open. This Solicitation will remain open for submission of responses for a period of up to seven (7) years for the issuance date of November 1, 2023. The state **shall** have the right to close/end this Bid Solicitation for submission at any time prior to the completion of the seven (7) year period, if it is in the best interest of the State to do so.



**STATE OF ARKANSAS**  
**DEPARTMENT OF TRANSFORMATION AND SHARED SERVICES**  
**OFFICE OF STATE PROCUREMENT**  
501 Woodlane St., Ste. 220  
Little Rock, Arkansas 72201-1023

**REQUEST FOR QUALIFICATION**  
**SOLICITATION DOCUMENT**

SOLICITATION INFORMATION			
Solicitation Number:	S000000282	Solicitation Issued:	October 6, 2023
Description:	Reentry Facility		
Department:	Arkansas Community Correction		

SUBMISSION DEADLINE AND DELIVERY OF RESPONSE DOCUMENTS			
Response Opening Date:	October 17, 2023	Response Opening Time:	2:00 pm Central
Response submissions for this Request for Qualification <b>must</b> be submitted through ARBuy, the State's eProcurement system. It can be accessed at <a href="https://arbuy.arkansas.gov">https://arbuy.arkansas.gov</a> . Responses received after the submission deadline may be rejected as untimely. See Section 1.2 for information regarding Live Response Openings.			

TSS OFFICE OF STATE PROCUREMENT CONTACT INFORMATION			
TSS OSP Buyer:	Austin McClane	Buyer's Direct Phone Number:	501-371-6156
Email Address:	<a href="mailto:Austin.McClane@arkansas.gov">Austin.McClane@arkansas.gov</a>	TSS OSP's Main Number:	501-324-9316
TSS OSP Website:	<a href="https://www.transform.ar.gov/procurement/">https://www.transform.ar.gov/procurement/</a>		

## SECTION 1 - GENERAL INSTRUCTIONS AND INFORMATION

- **Do not** provide responses to items in this section unless specifically and expressly required.

### 1.1 PURPOSE

This Request for Qualifications (RFQ) is issued by the Office of State Procurement (OSP) for Arkansas Community Correction (ACC) to establish a list of qualified vendors to provide reentry programming for residents transitioning out of correctional facilities across the state of Arkansas.

### 1.2 LIVE RESPONSE OPENING

The response opening may be viewed online as follows:

**Join on your computer, mobile app or room device**

[Click here to join the meeting](#)

Meeting ID: 293 792 297 195

Passcode: NqMqR3

[Download Teams](#) | [Join on the web](#)

**Or call in (audio only)**

[+1 501-244-3310,,369167299#](#) United States, Little Rock

Phone Conference ID: 369 167 299#

[Find a local number](#) | [Reset PIN](#)

[Learn More](#) | [Help](#) | [Meeting options](#) | [Legal](#)

### 1.3 RESULT OF THE RFQ

- A. As a result of this RFQ, OSP intends to list multiple Prospective Contractors on the Qualified Vendors List.
- B. The anticipated starting date for any resulting QVL is November 20, 2023, except that the actual QVL start date may be adjusted forward unilaterally by the State for up to three calendar months. By submitting a signed response to the RFQ, the Prospective Contractor represents and warrants that it will honor its response as being held open as irrevocable for this period.
- C. The initial qualification term of a resulting QVL will be for four (4) years. The State may renew a Prospective Contractor's qualification status for up to three (3) additional one-year terms or portions thereof, not to exceed a total aggregate QVL term of seven (7) consecutive years.

### 1.4 SOLICITATION SCHEDULE

For informational purposes, TSS OSP is providing a Solicitation Schedule; however, dates listed and noted with an asterisk (\*) are anticipated dates only and are subject to change at the discretion of the State.

**TABLE A: TENTATIVE SOLICITATION SCHEDULE**

<b>ACTIVITY</b>	<b>DATE</b>
RFQ Release to Prospective Contractors	October 6, 2023
Response Due Date	October 17, 2023 @ 2:00 p.m.
Post Anticipation to Award*	October 20, 2023
Award *	November 20, 2023

**1.5 CLARIFICATION OF SOLICITATION**

- A. The Prospective Contractor should notify the TSS OSP buyer of any term, condition, etc., that precludes the Prospective Contractor from providing a compliant, Responsive Submission. Prospective Contractors should note that it is the responsibility of the Prospective Contractor to seek resolution of all such issues, including those relating to the terms and conditions of the contract, prior to the submission of a response.
- B. Prospective Contractors may contact the TSS OSP buyer with non-substantive questions at any time prior to the response opening.
- C. An oral statement by TSS OSP will not be part of any contract resulting from this solicitation and may not reasonably be relied on by any Prospective Contractor as an aid to interpretation unless it is reduced to writing and expressly adopted by TSS OSP.

**1.6 DEFINITION OF TERMS**

- A. Unless otherwise defined herein, all terms defined in Arkansas Procurement herein have the same meaning herein.
- B. “Prospective Contractor” means a responsible offeror who submits a response to this solicitation.
- C. The terms “Request for Qualifications”, “RFQ,” and “Solicitation” are used synonymously in this document.
- D. “Responsive Submission” means a submission in response to this solicitation that conforms in all material respects to this RFQ.
- E. “Shall” and “Must” mean the imperative and are used to identify requirements.
- F. “Requirement” means something required.
- G. “Specification” means any technical or purchase description or other description of the physical or functional characteristics, or of the nature, of a commodity or service. “Specification” may include a description of any requirement for inspecting, testing, or preparing a commodity or service for delivery.
- H. “State” means the State of Arkansas. When the term “State” is used herein to reference any obligation of the State under a contract that results from this solicitation, that obligation is limited to the Department using such a contract.

**1.7 QUALIFIED VENDOR LIST SELECTION**

All Prospective Contractors meeting the Requirements and Response Submission Requirements of this RFQ will be included on the QVL.

**1.8 RESPONSE DOCUMENTS**

- A. All bid responses **must** be submitted through ARBuy, the State’s eProcurement system. The system can be accessed at <https://arbuy.arkansas.gov>.

1. Prospective Contractors **must** be registered in ARBuy to submit responses.

B. Response Packet

1. Prospective Contractors **shall** utilize the *Response Packet* to submit their responses.

2. The following items are response submission requirements and **must** be submitted as part of a Prospective Contractor's response. (See *Response Packet*)

a. Signed *Response Signature Page*. Signature may be ink or digital. (See *Response Packet*)

b. Response to the *Information for Evaluation* sections. (See *Response Packet*)

c. *Proposed Subcontractors Form*.

i. The utilization of any proposed subcontractor is subject to approval by the Division.

d. *Recommended Options Form*. The *Recommended Options* form included in the *Response Packet* allows Prospective Contractors to identify any recommended options or optional service ideas that may benefit the State that were not included in the Requirements and the proposed solution.

e. Copy of Prospective Contractor's *Equal Opportunity Policy*.

3. The following item(s), which **must** be submitted prior to a contract award to the Prospective Contractor, may also be included with the Prospective Contractor's proposal:

a. EO 98-04: *Contract and Grant Disclosure Form*.

4. Response **must** be in the English language.

5. **DO NOT** include any other documents or ancillary information, such as a cover letter or promotional/marketing information.

C. Pricing is not requested for this solicitation and **should not** be submitted with the response.

D. Redacted Copy of the Response Packet

1. One (1) redacted (marked "REDACTED") copy of the Prospective Contractor's response. For more information on Proprietary, Confidential, and Exempt information, reference Section six (6) of the *Solicitation Terms and Conditions* document located on the TSS OSP website [here](#).

## 1.9 ACCEPTANCE OF REQUIREMENTS

A. A Prospective Contractor **shall** unconditionally accept all Requirements in the Requirements Section(s) of this RFQ to be listed on the QVL.

B. Prospective Contractor's response will be rejected if a Prospective Contractor takes exceptions to any Requirements in the Requirements Section(s) of this RFQ or fails to submit any of the Response Submission Requirement documents as specified herein.

## 1.10 ADDITIONAL TERMS AND CONDITIONS

A. This RFQ incorporates all of the Solicitation Terms and Conditions located on the TSS OSP website [here](#).

B. Any special terms and conditions included in this solicitation **shall** override the Solicitation Terms and Conditions.

- C. Prospective Contractor's response will be rejected if a Prospective Contractor takes exceptions to any of the Solicitation Terms and Conditions.

## 1.11 QUALIFICATION AND AWARD PROCESS

### A. Qualified Vendors List

1. The initial validity term of the *Qualified Vendors List* will expire on November 20, 2027. The State **shall** have the option to renew the *Qualified Vendors List* on a year-to-year basis, for up to three (3) additional one-year terms or portion thereof. The total term of the *Qualified Vendors List* **shall not** be more than seven (7) years. The State **shall** have the right to terminate the *Qualified Vendors List* prior to exercising any renewal option, if it is in the best interest of the State to do so.

#### 2. Vendor's Qualification Status

- a. Qualification of a contractor takes place during the following two steps. See remaining sections of this Solicitation for additional information.
  - i. Pending Qualified Vendor Status: Qualification Status for responsive contractors who have a Stage 1 License and who meet or exceed the requirements set forth in this *Bid Solicitation* **shall** be shown as "Pending" on the *Qualified Vendors List*.
  - ii. Qualified Vendor Status: Contractors **shall** be listed as "Qualified" upon OSP's receipt of a copy of their Stage 2 License.
- b. Contractors who are qualified as a result of submitting a response to this Solicitation **shall** be qualified through November 19, 2027, or for the remainder of the current term of the *Qualified Vendors List*, whichever is later.

#### 3. Renewal of Vendor's Qualification Status

- a. Each year prior to the renewal of the *Qualified Vendors List* for an additional term, the qualification status of a contractor **shall** be reviewed.
- b. Contractors who continue to meet or exceed licensing requirements may be re-qualified for a one (1) year term or portion thereof, until all remaining renewal options for the *Qualified Vendors List* are utilized or the State exercises its right to terminate the *Qualified Vendors List*.
- c. Contractors not meeting licensing requirements **shall** be removed from the *Qualified Vendors List*.
- d. Contractors, who have been removed from the *Qualified Vendors List*, **shall** have the right to submit a new response for consideration.

### B. Issuance of a Contract

The following items **shall** apply in the event a contract is issued to a qualified Contractor.

1. Any resultant contract of this *Bid Solicitation* **must** be subject to State approval processes which may include Legislative review and approval.
2. A State Procurement Official will be responsible for award and administration of any resulting contract(s). The agency's selection of a qualified Contractor to provide services will be determined according to the offender's specific needs, which may include the following:
  - a. Proximity of reentry facility to resident's area of release.

- b. Status of reentry facility license.
  - c. Availability of services will be taken into consideration should multiple vendors be located in the same area.
3. Issuance of a contract to a qualified Contractor **shall not** be guaranteed.

## SECTION 2 – REQUIREMENTS

### 2.1 BACKGROUND

- A. The target population consists of male and female residents confined or incarcerated in an Arkansas Department of Correction (ADC) or ACC facility for a range of offenses and meet the following criteria:
1. Are within eighteen (18) months of their transfer eligibility (TE) date and meet other legal requirements.
  2. Are moderate risk and high risk of recidivism as determined by the Arkansas Offender Risk Assessment (ARORA).
- B. There are currently 5 incumbent contractors with 293 Facility Residents in the program.

### 2.2 MINIMUM CONTRACTOR QUALIFICATIONS

#### A. Stage 1 Reentry Facility License

1. The Contractor **shall** have a Stage 1 license to submit a response to this RFQ.
2. The Contractor should attach a copy of the Stage 1 Reentry Facility License for each facility listed on the Facility Information Form included in the Response Packet. Multiple facilities may be listed on this form. The form may be copied as needed.
3. To be granted a Stage 1 Reentry License, the Contractor **shall**:
  - a. Provide proof of a person's, group's, or organization's capability of operating a Reentry Facility.
  - b. Provide proof of a financial plan capable of sustaining an ongoing Reentry Facility operation.

#### B. Stage 2 Reentry Facility License

1. The Stage 2 Reentry Facility License is the actual and final Reentry Facility License. Facility **must** have a Stage 2 Reentry Facility License prior to the admittance of residents.
2. The Contractor should attach a copy of the Stage 2 Reentry Facility License for each facility listed on the Facility Information Form included in the Response Packet. Multiple facilities may be listed on this form. The form may be copied as needed.
3. The Contractor **shall** provide a copy of their Stage 2 Reentry License to OSP in order to be added as a qualified Contractor on the Qualified Vendor List.

C. Contractors who have a Stage 1 license and have a pending status on the Qualified Vendor's List will have six (6) months from the issuance date of the Stage 1 license to meet ACC's requirements to obtain a Stage 2 Reentry Facility License.

D. The Contractor **shall** abide by all provisions outlined in the ACC's Administrative Directive: Reentry Facilities.

**NOTE:** The following information on how to obtain a Reentry Facility License may be found on the ACC website at [www.dcc.arkansas.gov](http://www.dcc.arkansas.gov).

- Reentry Facilities AD (Administrative Directive)
- Reentry Facility Minimum Requirements Checklist
- Reentry Facility Application



## 2.3 **GENERAL REQUIREMENTS**

- A. The Contractor **shall** provide supervision, housing, and evidence-based programs (EBP) and services directed at addressing criminogenic risk factors and aimed at reducing recidivism among the target population.
- B. At a minimum, the Evidence Based Programs **must** be in compliance with the most current ACC Reentry Facility Program Schedule and **must** include but are not limited to:
  - 1. Employment skills
  - 2. Job placement
  - 3. Reentry planning
  - 4. Criminal thinking
  - 5. Family reunification
  - 6. Pro-social support systems
  - 7. Education (GED or Higher Education)
  - 8. Substance abuse treatment
  - 9. Housing planning and placement
- C. The Contractor **shall** observe and comply with federal and State of Arkansas laws, local laws, ordinances, orders, and regulations existing at the time of, or enacted subsequent to the execution of a resulting contract which in any manner affect the completion of the work.
- D. The Facility **must** maintain a Staff to Resident ratio of 1:25.
- E. Every Facility **must** maintain 150 square feet of space per resident.

## 2.4 **RESIDENT PLACEMENT**

- A. Contractors **shall** accept all ACC and ADC residents for placement at the facility provided placement of that resident will not result in a violation of local and/or State laws.
- B. If placement would result in a violation of a law, the Contractor **shall** provide a written justification for the denial.

## 2.5 **RESIDENT MEALS**

The Contractor **shall** provide at least three (3) meals per day for each resident as set forth in ACC's Administrative Directive: Reentry Facilities.

## 2.6 **RESEARCH AND EVALUATION**

- A. The Contractor **shall** provide all applicable information and data to ACC's research and planning division as set forth in ACC's Administrative Directive: Reentry Facilities ([https://doc.arkansas.gov/wp-content/uploads/2020/09/Reentry\\_Facilities\\_070118-1.pdf](https://doc.arkansas.gov/wp-content/uploads/2020/09/Reentry_Facilities_070118-1.pdf)) for use in ACC's annual and special reports.
- B. The Contractor **shall** assist with report preparation upon request.

## 2.7 **REIMBURSEMENT**

- A. The Contractor **shall** be reimbursed according to the rates, timelines, and procedures set forth in the ACC Administrative Directive: Reentry Facilities. ([https://doc.arkansas.gov/wp-content/uploads/2020/09/Reentry\\_Facilities\\_070118-1.pdf](https://doc.arkansas.gov/wp-content/uploads/2020/09/Reentry_Facilities_070118-1.pdf))
- B. The Contractor **shall not** be reimbursed by the State for placements accepted from entities other than ACC or ADC.
- C. Unless explicitly stated otherwise, the Contractor **shall** be responsible for all costs associated with and incurred as part of providing the services outlined in this contract.

**2.8 FACILITY LICENSE SUSPENSION/DISMISSAL**

- A. The Housing Manager, for due cause, may recommend to the Area Manager of Reentry that a facility license be suspended or revoked.
- B. The Area Manager may assign ACC staff or any other local, State, or federal agency to assist in a facility investigation.
- C. In the event of a recommendation for denial of an application or the suspension or revocation of license, the applicant may appeal the denial to the Director of the agency within 30 days of the written recommendation for denial, suspension, or revocation.

**2.9 PERFORMANCE STANDARDS**

- A. State law requires that qualifying contracts for services include Performance Standards for measuring the overall quality of services that a Contractor shall provide.
- B. The State may be open to negotiations of Performance Standards prior to contract award, prior to the commencement of services, or at times throughout the contract duration.
- C. Performance Standards shall not be amended unless they are agreed to in writing and signed by the parties.
- D. Failure to meet the minimum Performance Standards as specified will result in the assessment of damages.
- E. In the event a Performance Standard is not met, the Contractor will have the opportunity to defend or respond to the insufficiency. The State has the right to waive damages if it determines there were extenuating factors beyond the control of the Contractor that hindered the performance of services. In these instances, the State has final determination of the performance acceptability.
- F. Should any compensation be owed to the Department due to the assessment of damages, Contractor shall follow the direction of the Department regarding the required compensation process.

## **SECTION 3 – CRITERIA FOR SELECTION**

- **Do not provide responses to items in this section.**

### **3.1 RESPONSE PACKET EVALUATION**

- A. On a pass/fail basis, OSP will review each Response Packet submitted by the response deadline as listed on page one (1) of the RFQ to verify all Requirements have been met.
- B. The resulting QVL will be comprised only of those Prospective Contractors meeting the Requirements and providing the Response Submission Requirement documents specified in this RFQ. Prospective Contractors who do not provide any one or more of the Response Submission Requirement Documents, will fail the Response Packet evaluation.
- C. Prospective Contractors whose responses meet (pass) all Requirements and Response Submission Requirements of this RFQ will be included on the initial QVL.
- D. Prospective Contractors whose responses do not meet (fail) any of the Requirements and Response Submission Requirements of this RFQ will not be included on the initial QVL.
- E. The State Procurement Official reserves the right to reject a response if it does not meet Requirements, if any of the Response Submission Requirement documents are omitted, or if is in the best interest of the State to do so.

### **3.2 FUTURE LISTING ON THE QVL**

- A. Prospective Contractors seeking to be included on the QVL after the initial term may submit responses to this RFQ to OSP at any time during the year.
- B. OSP will provide the *Response Packet* to a Prospective Contractor upon request to the Contract Administrator listed on page 1 of this RFQ or another Contract Administrator as may be determined by OSP.
- C. After the initial award of the QVL, information pertaining to the submission of a Response Packet can be found on OSP's website at <https://www.dfa.arkansas.gov/procurement/vendor-information/miscellaneous-bid-opportunities> under *Open-Ended Request for Qualifications*.
- D. The Prospective Contractor **shall** complete the *Response Packet* and **shall** submit all the information and documents to OSP as specified in the *Response Packet* in order to be evaluated for possible inclusion on the QVL.
- E. OSP will evaluate any subsequent responses submitted by Prospective Contractors using the same Response Packet Evaluation technique as described herein.
- F. OSP reserves the right to reject a *Response Packet* if it does not meet Requirements, if any of the Response Submission Requirement documents have been omitted, or if is in the best interest of the State to do so.

### **3.2 PROSPECTIVE CONTRACTOR ACCEPTANCE OF EVALUATION TECHNIQUE**

- A. Prospective Contractor **shall** agree to all evaluation processes and procedures as defined in this solicitation.
- B. The submission of a *Response Packet* signifies the Prospective Contractor's understanding and agreement that subjective judgments will be made during the Response Packet Evaluation.



# Arkansas Community Correction

Two Union National Plaza Building  
105 West Capitol, 3rd Floor  
Little Rock, AR 72201-5731  
501-682-9510 (office) 501-682-9513 (fax)

## **ADMINISTRATIVE DIRECTIVE: 18-14 Reentry Facilities**

**TO: Arkansas Community Correction Employees**

**FROM: Sheila Sharp, Director**

**SUPERSEDED: AD 17-05**

**APPROVED: Signature on File**

**EFFECTIVE: July 31, 2018**

### **I. APPLICABILITY.**

This policy applies to Arkansas Community Correction (ACC) employees, applicants for and recipients of a Reentry Facility License, owners, operators, volunteers, and staff members of licensed Reentry Facilities.

### **II. POLICY STATEMENT.**

Reentry Facilities must meet or exceed the minimum standards and requirements established in this policy to ensure a structured, positive, and safe environment for residents; reduce recidivism; provide employment assistance and treatment; promote public safety; maintain the principles of evidence based practices; and establish a seamless transition back to the community.

### **III. DEFINITIONS.**

- A. Applicant.** Any individual, group, business or organization that has applied to receive an Arkansas Community Correction Reentry Facility License.
- B. Reentry Facility.** A facility providing housing and programming that will address identified criminogenic and other needs for one or more residents transferred to ACC from ADC. A resident's home or the residence of a resident's family member will not be considered a Reentry Facility for purposes of this directive.
- C. Licensing Authority.** ACC is the authority for licensing Reentry Facilities. Facilities are licensed for one year with provisions for renewal as specified in this policy and in the Request for Qualifications (RFQ) from the Arkansas Office of State Procurement (OSP).

- D. Reentry Officer.** The liaison between a licensed Reentry Facility and ACC.
- E. Assistant Area Manager of Reentry.** The individual assigned to supervise the functions of the Reentry Officer and program requirements of residents.
- F. Housing Manager.** The individual assigned to monitor Reentry Facilities, to serve as the liaison between the facility and ACC for compliance issues, and to supervise the billing process.
- G. Housing Coordinator.** The individual assigned to inspect facilities.
- H. Reentry Screening Coordinator.** The individual responsible for the screening inmates for placement in a Reentry Facility.
- I. Licensure Requirements.** The information referred to in this Administrative Directive given to applicants of a facility license listing the minimum items and areas that will be inspected during the application process.

#### **IV. PROCEDURES.**

- A. Application:** Applicants may contact the Housing Manager for a Reentry Facility license packet. The application packet will also be posted on the ACC website. Applications, documents, and fees submitted for licensure consideration will not be returned. The completed application packet will be sent to the Housing Coordinator at the Central Office of ACC. The non-refundable fee for the initial Reentry Facility license is \$250. The non-refundable fee for the annual renewal of the Reentry Facility license is \$100. ACC reserves the right to waive licensing fees.
  - 1. For initial licensure or a proposed new location, the applicant must comply with all applicable laws including AR Code section 12-25-101 (2012):
    - (a) (1) “No state agency, board, commission, or governing body of any municipality or county shall approve the location or construction of any community-based residential facility housing juveniles or adults adjudicated or convicted of any sexual or violent offense or any other offense that would constitute a Class C felony or higher, even if the facility otherwise conforms to applicable zoning ordinances, until a public hearing is conducted in the municipality or county of the proposed location of the facility at least thirty (30) days prior to the contracting for the acquisition of any property on which to locate the proposed facility or any existing structure in which to locate the proposed facility by the owner, operator, or care provider of the proposed facility.”
    - (2) “No community-based residential facility housing juveniles or adults adjudicated or convicted of any sexual or violent offense or any other criminal offense that would constitute a Class C felony or higher shall be located or constructed within any municipality or county of this state until a public hearing is conducted in the municipality or county of the proposed location of the facility at least thirty (30) days prior to the

contracting for the acquisition of any property on which to locate the proposed facility or any existing structure in which to locate the proposed facility by the owner, operator, or care provider of the proposed facility.”

(b) “All residents within one thousand feet (1000') of the proposed location of the facility shall be notified by mail at least ten (10) days prior to the day of the hearing.”

2. The ACC Housing Coordinator will review the application packet for completion and conduct the background checks on individuals submitted as staff (paid and volunteer) by the owner/operator. If all submitted paperwork is approved, the Housing Coordinator will arrange for the physical inspection of the property and buildings.
3. Individuals currently on supervision with ACC cannot be employed in positions of authority over another offender on supervision
4. To ensure compliance with Arkansas law, applicants must provide the following items to ACC:
  - a. Copy of the notification letter prior to being mailed to residents informing them of the date and time of the meeting and the proposed purpose of the facility. The letter must include a return address and must be approved prior to mailing.
  - b. List of all residents who were mailed the notification letter.
  - c. Notify ACC Housing Manager of date, time, and location of the meeting. ACC staff must be present at the public meeting

**B. Licensure:** The Reentry Facility Review Team for the licensure and annual inspections of facilities will be determined by the Housing Manager.

A Stage 1 Reentry Facility License will be granted for the applicant to be placed on the Office of State Procurement qualified vendor list. Qualifications to be granted a Stage 1 Reentry Facility License include:

- Proof of the physical location for the Reentry Facility.
- Proof of a person, group, or organization is capable of operating a Reentry Facility.
- Proof of a financial plan capable of sustaining an ongoing Reentry Facility operation.
- If the applicant is a current or former vendor for the State of Arkansas, proof of having been a viable operation with no corrective action taken.

If placed on the qualified vendor list with a Stage 1 Reentry Facility License, the vendor will have six (6) months from the date of that initial license to meet the

requirements to obtain a Stage 2 Reentry Facility License. The Stage 2 license is the actual and final Reentry Facility License. No facility may admit residents without a Stage 2 Reentry Facility License. The requirements to obtain a Stage 2 license are included on the Minimum Requirements check list. The proposed facility must pass an ACC inspection prior to the license being granted.

Once a Stage 2 Reentry License has been obtained, the vendor must provide the Office of State Procurement with a copy of the license issued by Arkansas Community Correction.

Licenses will be issued only for the premises and persons specified in the application and are not transferable. Separate licenses are required for Reentry Facilities maintained on separate premises, even though they are operated under the same management.

The Housing Manager, for due cause, may recommend to the Assistant Director of Reentry that a facility license be suspended or revoked. The Assistant Director may assign ACC staff or any other local, state, or federal agency to assist in a facility investigation. In the event of a recommendation for denial of an application or the suspension or revocation of license, the applicant may appeal the denial to the Chief Deputy Director or Director of the agency within 30 days of the written recommendation for denial/suspension/revocation. Applicants may appeal that decision in writing within 30 days of the decision to the Board of Corrections whose decision is final.

When a license is renewed, it will be from the previous license expiration date, not any possible extended inspection date. A facility that wishes to renew its license must have all required paperwork and fees submitted to the Housing Manager no later than 30 days prior to the license's expiration.

All areas of the licensed facility and all records related to the care and protection of residents, including resident and employee records, must be open for inspection and search by ACC for the purpose of enforcing policy and regulations at any time, regardless of prior notification.

- C. Past Performance:** In accordance with provisions of State Procurement Law, specifically OSP Rule R5:19-11-230(b)(1), a vendors past performance with the state may be used to determine if the vendor is "responsible." Proposals submitted by vendors determined to be non-responsible will be disqualified.
- D. Request for Qualifications:** In addition to obtaining a Reentry Facility license, the Reentry Facility is responsible for completing all requirements to be placed on the Qualified Vendor List by properly responding to the Arkansas Community Correction RFQ for a Reentry Facility.
- E. Billing:** When a facility has met the conditions of licensure and has been approved by the OSP to be placed on the Qualified Vendor list, ACC will reimburse the facility monthly for resident housing at the approved reimbursement rate for up to

the length of time stated in the RFQ. The billing process will follow the instructions stated on the RFQ and may include the use of electronic monitoring for housing verification. During a period of license suspension, resident placement may be suspended or reduced pending satisfactory implementation of an approved corrective action plan. The payment schedule for ACC and for residents is as follows:

- Phase I (Day 1-45) \$30.62/day, paid from ACC to Reentry Facility.
- Phase II and III (Day 46-150):\$26.12/day paid from ACC to Reentry Facility and up to \$14.00/day paid from the resident to the Reentry Facility.
- Phase IV (151-180): \$60.00 (one time reimbursement) from ACC to Reentry Facility responsible for the resident during Phase IV.
  - If a resident returns to an area without a Reentry Facility, no reimbursement will be made during Phase IV.
  - Residents who remain at a Reentry Facility between 151-179 days, will continue to pay up to \$14.00 a day per diem.
  - Residents who remain at a Reentry Facility after 180 days may be required to pay an increased per diem, up to \$30.00.
  - Residents awaiting ICOTS transfer are exempt from this provision. Shall continue to pay up to \$14.00 per day.

**F. Operation of a Reentry Facility:** Reentry Facility must provide supervision, housing, and evidence based programs (EBP) and services that address criminogenic risk factors in an effort to reduce recidivism among the target population. At a minimum, the programs must be in compliance with ACC Reentry Minimum Requirements (Attachment A) included at the time the contract agreement begins. The programs **must** include:

- Employment skills
- Job placement
- Reentry planning
- Criminal thinking and lifestyle
- Family reunification
- Pro-social support systems
- Education (GED or higher education)
- Substance abuse treatment
- Housing planning and placement

## V. MINIMUM QUALIFICATIONS

Reentry Facility **must** be licensed as an ACC Reentry Facility, prior to receiving residents.



## **VI. REENTRY FACILITY REQUIREMENTS.**

- A.** Reentry Facility must utilize evidence-based programs or services directed at addressing the criminogenic risk factors and stabilizing needs of the resident, which, if left unaddressed, could lead to community supervision violations and/or criminal reoffending
- B.** Reentry Facilities are subject to the residential conditions of the Prison Rape Elimination Act and must make measurable efforts to obtain compliance with PREA.
- C.** The Reentry Facility will provide all residents with toothpaste, toothbrush, laundry detergent, soap, razors, and feminine hygiene products (if applicable).
- D.** Reentry Facility must provide all personnel, management, security, equipment supplies, and services necessary for performance of all aspects of the contract.
- E.** Reentry Facility must comply with all applicable federal, state, and local land use, building, and zoning codes and applicable ACC policies and procedures, including the ACC Administrative Directive titled Personal Cleanliness & Grooming of Residents.
- F.** Reentry Facility must accept all resident placements from ACC if allowable by city, county, and state laws
- G.** Reentry Facility must meet or exceed the minimum standards and requirements established in this policy.
- H.** Reentry Facility must maintain a resident account for management of all resident funds. This account must be established with a financial institution recognized by the Federal Deposit Insurance Corporation (FDIC). The account system must be kept secure, and a resident cannot have direct access to his/her funds. Residents are allowed to spend up to \$30 per week. Residents must not have individual bank accounts. Their paychecks must include both the Reentry Facility's name and the resident's name.

If the resident is returned to ADC prior to program completion, the balance in the resident's account must be transferred to a money order with the resident's name and ADC number on it and mailed to the following address within 30 days. Funds owed to the Reentry Facility may be deducted prior to returning the remaining funds.

ARKANSAS DEPARTMENT OF CORRECTION  
TRUST FUND CENTRALIZED BANKING  
P.O. BOX 8908  
PINE BLUFF, AR 71611

- I.** Reentry Facility staff must conduct drug test at least twice weekly of all residents. Reentry Facility staff must notify the ACC Reentry Officer of any resident's positive drug/alcohol test results immediately by phone. Reentry Facilities must utilize at least an 8-panel drug test to include K2 and alcohol.

- J.** Reentry Facility staff must respond to, comply with, provide transportation to, and notify the ACC Reentry Officer of subpoenas, court orders, and search and/or arrest warrants.
- K.** Reentry Facility staff must notify the ACC Reentry Officer immediately of any resident's violent or threatening behavior, endangerment of others, or awareness of a resident's attempted or actual escape from the facility. Reference the ACC Administrative Directive titled "Escapes."
- L.** The Reentry Facility must possess an established chain-of-command. The chain-of-command must be shown on an organization chart that includes a description of each position and outlines the management structure, responsibility, and contact information of each paid staff member. The organization chart must be provided to ACC upon licensure.
- M.** The Reentry Facility must have trained staff on duty on the premises to provide coverage 24 hours a day, seven (7) days a week. Trained staff refers to staff that have completed a training block developed by ACC within 10 days of hire or assignment. The facility must maintain a resident to staff ratio of at least 25:1. This coverage is to ensure the safety of all staff and residents and the secure supervision of all residents.
- N.** Reentry Facility staff must complete and document daily scheduled and unscheduled counts. Residents not present during count must be accounted for through sign-out logs and/or approved employment schedules. Counts must be conducted at least twice per shift and at every shift change.
- O.** The Reentry Facility must ensure residents do not supervise, manage, or have authority over other residents. This does not restrict the hiring of staff with criminal convictions; however, staff that are on supervision may not supervise, manage, or have authority over residents.
- P.** Reentry Facility must pass an annual Health Department inspection if meals are prepared for all residents in a central kitchen and an annual inspection by the fire department. Documentation of all inspections must be provided to ACC upon receipt.
- Q.** For any resulting contracts, all facilities must comply with local state fire regulations and applicable planning and zoning ordinances.

## **VII. PROHIBITED STAFF BEHAVIOR.**

Reentry Facility staff must not under any circumstance:

- A.** Exchange personal gifts or favors with residents, their family, or their friends.
- B.** Accept any form of bribe or unlawful inducement.
- C.** Discriminate against any resident on the basis of race, religion, gender, national origin, creed, physical disability, charge/offense, sexual orientation, age.
- D.** Employ corporal punishment, unnecessary physical force, or physical punishments such as sitting on a brick or standing against the wall for an extended period of time.
- E.** Subject residents to any form of physical or mental abuse.
- F.** Withhold information from ACC including threats to the security of the facility, its staff, visitors, or community. This can lead to termination of contract.
- G.** Engage in unprofessional or sexual relationships with any resident of the Reentry Facility program.
- H.** Permit residents to leave the Reentry Facility for any reason other than employment, treatment, mentor sessions, or education without prior approval of the reentry officer.
- I.** Knowingly allow residents to violate any ACC policy or guideline.

## **VIII. FACILITY POLICY AND PROCEDURE.**

- A.** Reentry Facility must develop and implement written policies and procedures, staff schedules, and security related practices that meet or exceed the requirements of the RFQ, the ACC Reentry Facility Program Schedule, Administrative Directive, and state and federal statutes. ACC has final approval of facility policies and procedures.
  - 1. Facility policies and procedures must be reviewed and updated at least annually and reviewed by ACC upon renewal of the license.
  - 2. A copy of all policy and procedures must be provided to ACC Reentry Division. Updates and changes must be provided to ACC thirty (30) days prior to incorporation.
- B.** Reentry Facility must have a written policy and procedures manual that includes, but is not limited to, the following policies:
  - 1. Resident Case Management
  - 2. Resident Discipline
  - 3. Resident Passes
  - 4. Resident Grooming
  - 5. Release Processing
  - 6. Escape
  - 7. Zero Tolerance for Sexual Harassment or Abuse (PREA)

8. No Smoking or Tobacco Use
9. Hostage Situations
10. Any other policies pertaining to the operation and oversight of the Reentry Facility deemed necessary
11. Medical Emergencies
12. Housing Contingency Plan
13. Emergency preparedness plan that includes planning sessions at held least quarterly for staff and residents
14. Evacuation Plan

**IX. RESIDENT GRIEVANCE PROCEDURE.**

Residents are encouraged and expected to attempt to solve issues and/or problems through informal procedures, such as verbal communication with staff and other residents, prior to submitting a formal grievance. A formal grievance must follow established procedure and timelines in accordance with Administrative Directive titled “Resident Grievance and Appeal Process.”

**X. HEALTHCARE AND MEDICAL INSURANCE.**

All residents will be screened and submitted for enrollment in health insurance prior to transfer to a Reentry Facility.

**XI. REENTRY FACILITY INFORMATION.**

- A. Electronic Monitoring.** All reentry residents must submit to and comply with electronic monitoring. ACC has the right to extend the conditions of electronic monitoring for any resident placement in the Reentry Facility.
- B. Program failure.** A resident may be removed from the program and returned to ADC for continued failures, acts or threats of violence, a positive drug test, or for any reason that disrupts the security or good order of the facility.
- C. Security Issues.** In the event of a walk away, potential violence, or other issues of a security nature, the Reentry Facility must immediately call the ACC Reentry Officer who will follow ACC notification and emergency policies and procedures. For issues of active violence, the Reentry Facility should immediately call local law enforcement authorities and then contact the ACC Reentry Officer.
- D. Offender Movement:** Reentry facility staff must monitor movement of offenders to ensure travel is restricted to authorized areas only. Offenders are restricted from traveling without supervision unless approved by the ACC Reentry Officer. Offenders will be permitted to travel to work, school, and religious services. Travel to outside AA/NA, Celebrate Recovery, etc. will be permitted under facility staff supervision. Facilities may allow residents to utilize local public transportation to and from employment, to be paid for by the Reentry Facility. Residents will not be permitted to travel to retail establishments without prior approval from Reentry Officer.

- E. Resident Employment:** Residents are required to maintain full-time employment throughout the reentry program. Should a resident change employment, the Reentry Facility must notify the Reentry Officer within 24 hours. The reason for the resident's employment change must be documented in the resident file and provided to the Reentry Officer.
- F. Failure to Return.** Should a resident not arrive within thirty (30) minutes of a designated return time, the Reentry Facility will immediately notify the Reentry Officer.
- G. Electronic Devices.** Residents will be permitted to use specific electronic devices for the purposes of education, employment, programming and treatment. Under the supervision of Reentry Facility staff, residents may access the internet for these purposes only. Residents will become familiar with the Good Grid and other resources to aid in their programming.
- H. Injurious Behavior.** Residents are prohibited from engaging in injurious behavior. Marking, rubbing, burning, piercing, scratching, or cutting themselves or the body of another person for the purpose of producing a tattoo, mark, friction burn, brand, or injury or for any other purpose.
- I. Sexual Misconduct.** Residents must not engage in sexual misconduct. Sexual misconduct includes consensual sex between residents. Sexual misconduct includes kissing, visible displays of affection, love letters to another resident or staff, and other sexually-oriented activity that is generally considered inappropriate in a residential center. Residents are prohibited from having any sexual contact while in the reentry program.
- J. Staff Background Checks.** The Reentry Facility will notify the ACC Housing Manager of any staff additions with information needed to complete a criminal background check prior to their employment at the Reentry Facility.

## **XII. PERFORMANCE STANDARDS.**

Reentry Facilities must meet or exceed the following performance standards to remain in compliance with the Reentry Facility license.

- A.** Maintain a 90% employment rate for residents at completion of the six month program.
- B.** Maintain a 90% stable housing rate for residents at completion of the six month program.
- C.** Maintain a recidivism rate not less than 20% lower than the statewide recidivism rate.

Failure to meet or exceed these performance standards may result in sanctions placed on the Reentry Facility.

### **XIII. COLLABORATION.**

The following is established to gain continuity and coordination in the management of reentry housing and programing for residents:

- A.** The Reentry Facility must provide the names and numbers of those residents in the facility when requested by an ACC staff member.
- B.** The ACC Reentry Officer assigned to a facility will investigate and report findings of any complaints, observed or suspected non-compliance with rules, policies, laws and regulations to the Housing Manager and/or Assistant Area Manager of Reentry for possible further referral or action.
- C.** Facility staff will immediately communicate to the ACC Reentry Officer each positive drug/alcohol test results.
- D.** Facility staff will respond to and notify the ACC Reentry Officer of such requests as subpoenas, court orders, search and/or arrest warrants.
- E.** Facility staff will notify the ACC Reentry Officer immediately of any offender's violent or threatening behavior, endangerment of others, and awareness of a walk away from the facility.
- F.** The ACC Housing Manager and/or Coordinator will arrange onsite visits and inspections (initial and periodic, announced and unannounced), review reports of critical incidents involving or concerning residents, and make objective recommendations.
- G.** The Reentry Facility will post office staffing hours and will comply with posted staffing hours. There must be a staff member or volunteer present 24 hours per day.

### **XIV. CONTRACT COMPLIANCE.**

The owner/operator/manager of the facility must comply with all requirements/agreements of the RFQ/Contract as stated in the agreement as well as all requirements of this AD.

### **XV. ATTACHMENTS/FORMS.**

AD 18-14 Form 1 Minimum Requirements Checklist  
AD 18-14 Form 2 Stage 1 Application  
AD 18-14 Form 3 Stage 2 Application

**Arkansas Community Correction  
Reentry Facility Minimum Requirements Checklist**

**Facility Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

During initial license inspections, annual renewal inspections, and unannounced visits by ACC staff, the following Minimum Requirement Checklist will be used. The inspections will not be limited to these items.

Copies of license or inspection by/from:	Inspector's Initials
1. Fire / Safety Inspection <span style="float: right;">Annually</span>	
2. Health Department/Food Service <span style="float: right;">Annually</span>	
3. Business License <span style="float: right;">Initial License or after remodel / repair</span>	
4. Plumbing Code <span style="float: right;">Initial License or after remodel / repair</span>	
5. Electrical Code <span style="float: right;">Initial License or after remodel / repair</span>	
6. Zoning Approval, Public Hearing, or Special Use Permit. Note: for new construction, new location, a public hearing must be held that meets the requirements of Arkansas Law section 12-25-101(a)(2).	
7. Copy of transportation vehicles insurance.	
8. Copy of facility property and liability insurance	
9. List of all staff and volunteers for background check (owner/operator must obtain / maintain consent to release information from staff and volunteers) <b>Note:</b> No person currently on parole may supervise another offender, no person with a propensity for violence may serve as staff member, and no person under 21 may serve as a staff member.	
10. Copies of facility disaster plans, evacuation plans, and contingency plans for operations if the facility must be abandoned. Contingency must be ample size.	
11. Copy of policy stating notification of Reentry Officer and procedures when a resident escapes / walks away from the facility.	
12. Copy of facility Policy and Procedure Manual that is unique to this facility	
13. Copy of facility resident orientation materials including facility rules, and consequences for violations.	
14. Copy of programming curriculum.	
15. Admission and discharge policies and procedures	
16. Proof that the facility is pursuing PREA compliance.	

17. Is the facility ADA compliant?	
18. Are resident records confidential, uniform in format and content, and properly secured?	
19. Copy of policy that passes / furloughs for offenders are approved by the Reentry Officer.	
20. Copy of staff listing and staffing hours.	
21. Inspection team proof of adequate space in sleeping rooms for the number of occupants (minimum 50 square feet per intended occupant)	
22. Inspection team proof of individual storage space for offenders clothing and personal items	
23. Inspection team proof of minimum ratio of bathrooms (meaning sink, toilet, shower) to offenders ( 1 to 8)	
24. Adequate laundry facilities at the Reentry Housing Facility	
25. Inspection team proof of signs posted at all entrances banning weapons except for law enforcement officials/officers	
26. Inspection team proof of facility being equipped with First Aid Kit, fire alarms and that fire suppression equipment continues to comply with annual Fire Inspection	
27. Proof of vendors contacts for employment.	
28. Dining room with tables and chairs.	
29. Adequate Kitchen facilities.	
30. Facilities for programs.	
31. Facilities for break room / day room.	
32. Smoke alarms in Kitchen and all sleeping areas.	
33. Bulletin board prominently displaying in the facility with postings of rules, fire evacuation plans, emergency protocols, PREA information, emergency staff contact information.	
34. Copy of facility policy concerning equal opportunity for employees.	
35. Copy of facility policy concerning equal opportunity for residents.	
36. Copy of certification with that facility does not employ illegal aliens.	
37. Inspection Team proof that all medication is behind double locks.	
38. Inspection Team proof of facility designee to accept medications.	
39. Check or Money Order attached to application.	



**Arkansas Community Correction**  
**STAGE 1**  
**REENTRY FACILITY LICENSE APPLICATION**

SEND COMPLETED APPLICATION TO REENTRY HOUSING COORDINATOR:  
JARROD.SELF@ARKANSAS.GOV  
OR FAX TO ACC REENTRY TEAM AT (501) 683-6665

Application Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Owner/Operator \_\_\_\_\_ County of Facility \_\_\_\_\_  
Name(Type or Print)

Telephone Number \_\_\_\_\_ Cell# \_\_\_\_\_

Facility Email Address: \_\_\_\_\_

**ACC Staff Comments Only Below This Line**

---

1 Proof of person, group, or organization capable of operating a Reentry Facility.

Yes  No Comments: \_\_\_\_\_

2 Proof of a financial plan capable of sustaining an ongoing Reentry Facility operation.

Yes  No Comments: \_\_\_\_\_

3 If the applicant is a current or former vendor for the State of Arkansas, proof of having been a viable operation without corrective action taken against them.

Yes  No Comments: \_\_\_\_\_

Proposed number of beds: \_\_\_\_\_  Male  Female

ACC Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Stage 1 License:  Approved  Denied \_\_\_\_\_  
ACC Assistant Director of Reentry/Designee

**Arkansas Community Correction**  
**STAGE 2**  
**REENTRY FACILITY LICENSE APPLICATION**

Check one:     New Application     Renewal    Application Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street                      City                      State                      Zip

Owner/Operator: \_\_\_\_\_                      County of Facility: \_\_\_\_\_  
Name( Type or Print)

Telephone: \_\_\_\_\_                      Cell# \_\_\_\_\_

Facility Email Address: \_\_\_\_\_

Housing Capacity:                      # of Males \_\_\_\_\_                      # of Females \_\_\_\_\_

Is the facility accessible to individuals with physical disabilities?                       Yes                       No

Meals Served:                       Breakfast                       Lunch                       Dinner

<b>Programs Provided</b>	Yes	No	<b>Services Provided</b>	Yes	No
Employment Skills	<input type="checkbox"/>	<input type="checkbox"/>	Employment Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Job Placement	<input type="checkbox"/>	<input type="checkbox"/>	Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>
Reentry Planning	<input type="checkbox"/>	<input type="checkbox"/>	Public Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Thinking	<input type="checkbox"/>	<input type="checkbox"/>	Private Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Family Reunification	<input type="checkbox"/>	<input type="checkbox"/>	Resident Parking	<input type="checkbox"/>	<input type="checkbox"/>
Pro-Social Support	<input type="checkbox"/>	<input type="checkbox"/>	Laundry Services	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>			
Substance Abuse Treatment	<input type="checkbox"/>	<input type="checkbox"/>			
Housing Planning	<input type="checkbox"/>	<input type="checkbox"/>			
Other Programs:					

Please list the name, position, date of birth, social security number, race and gender (F-Female) (M-Male) for each person who will provide services at the Reentry Facility.

Name(Print or type)	Position	DOB	SS#	Race	Gender
Name(Print or type)	Position	DOB	SS#	Race	Gender
Name(Print or type)	Position	DOB	SS#	Race	Gender
Name(Print or type)	Position	DOB	SS#	Race	Gender
Name(Print or type)	Position	DOB	SS#	Race	Gender
Name(Print or type)	Position	DOB	SS#	Race	Gender
Name(Print or type)	Position	DOB	SS#	Race	Gender
Name(Print or type)	Position	DOB	SS#	Race	Gender

Signature of Applicant/Title: _____	Date: _____
<b>Signature means agreement by owner/operator of the facility to comply with all policy rules, regulations and laws concerning ACC Reentry Facilities. Failure to comply may result in sanctions up to and including withdrawal of license be ACC and/or civil penalties for violation of state law. Owner/Operator is responsible for obtaining consent to release information for background checks for staff and volunteers.</b>	
Date received by ACC: _____	Application Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, what action was taken? _____	
Reentry Facility Coordinator Signature: _____	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Approval of ACC Director _____	Date: _____

***RESPONSE PACKET***  
***S000000282***  
***Reentry Facility***

# RESPONSE SIGNATURE PAGE

*Type or Print the following information.*

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:			
Address:			
City:	State:	Zip Code:	
Business Designation:	<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Public Service Corp
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> American Indian	<input type="checkbox"/> Service Disabled Veteran
	<input type="checkbox"/> African American	<input 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:		Title:	
Phone:		Alternate Phone:	
Email:			

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input 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 type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

***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 *Bid Solicitation* will cause the Prospective Contractor's response to be rejected.

**Authorized Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
*Use Ink Only.*

**Printed/Typed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **RESPONSE PACKET CHECK LIST**

- Original signed Response Signature Page
- Completed Proposed Subcontractors Form
- Completed and signed EO 98-04 Contract and Grant Disclosure Form (posted as an additional document to this RFQ)
- Copy of Prospective Contractor's Equal Opportunity Policy
- Completed Facility Information Form
- Completed Original List of Counties Serviced Form

# **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*

<b>Subcontractor's Company Name</b>	<b>Street Address</b>	<b>City, State, ZIP</b>

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

# FACILITY INFORMATION FORM

- Multiple facilities may be listed on this form. Form may be copied as needed.
- Attach a copy of the ACC Reentry Facility license for **each** facility listed.

Company Name: \_\_\_\_\_

<b>Facility Information</b>	Facility Name:			
	License Level:		Highest Planned Level:	
	Address:			
	City:		Zip Code:	
	Contact Name:			
	Phone:		Alternate Phone:	
	Email:			

<b>Facility Information</b>	Facility Name:			
	License Level:		Highest Planned Level:	
	Address:			
	City:		Zip Code:	
	Contact Name:			
	Phone:		Alternate Phone:	
	Email:			

<b>Facility Information</b>	Facility Name:			
	License Level:		Highest Planned Level:	
	Address:			
	City:		Zip Code:	
	Contact Name:			
	Phone:		Alternate Phone:	
	Email:			



# List of Counties Serviced Form

Indicate the counties that your Facility would service

*(Check ALL that apply)*

Northwest	Northeast	Southwest	Southeast	Central
<input type="checkbox"/> Baxter	<input type="checkbox"/> Clay	<input type="checkbox"/> Calhoun	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Faulkner
<input type="checkbox"/> Benton	<input type="checkbox"/> Cleburne	<input type="checkbox"/> Clark	<input type="checkbox"/> Ashley	<input type="checkbox"/> Garland
<input type="checkbox"/> Boone	<input type="checkbox"/> Craighead	<input type="checkbox"/> Columbia	<input type="checkbox"/> Bradley	<input type="checkbox"/> Grant
<input type="checkbox"/> Carroll	<input type="checkbox"/> Crittenden	<input type="checkbox"/> Dallas	<input type="checkbox"/> Chicot	<input type="checkbox"/> Lonoke
<input type="checkbox"/> Conway	<input type="checkbox"/> Cross	<input type="checkbox"/> Hempstead	<input type="checkbox"/> Cleveland	<input type="checkbox"/> Perry
<input type="checkbox"/> Crawford	<input type="checkbox"/> Fulton	<input type="checkbox"/> Hot Springs	<input type="checkbox"/> Desha	<input type="checkbox"/> Pulaski
<input type="checkbox"/> Franklin	<input type="checkbox"/> Green	<input type="checkbox"/> Howard	<input type="checkbox"/> Drew	<input type="checkbox"/> Saline
<input type="checkbox"/> Johnson	<input type="checkbox"/> Independence	<input type="checkbox"/> Lafayette	<input type="checkbox"/> Jefferson	
<input type="checkbox"/> Logan	<input type="checkbox"/> Izard	<input type="checkbox"/> Little River	<input type="checkbox"/> Lee	
<input type="checkbox"/> Madison	<input type="checkbox"/> Jackson	<input type="checkbox"/> Montgomery	<input type="checkbox"/> Lincoln	
<input type="checkbox"/> Marion	<input type="checkbox"/> Lawrence	<input type="checkbox"/> Miller	<input type="checkbox"/> Monroe	
<input type="checkbox"/> Newton	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Nevada	<input type="checkbox"/> Phillips	
<input type="checkbox"/> Pope	<input type="checkbox"/> Poinsett	<input type="checkbox"/> Ouachita	<input type="checkbox"/> Prairie	
<input type="checkbox"/> Searcy	<input type="checkbox"/> Randolph	<input type="checkbox"/> Pike	<input type="checkbox"/> St Francis	
<input type="checkbox"/> Sebastian	<input type="checkbox"/> Sharp	<input type="checkbox"/> Polk		
<input type="checkbox"/> Scott	<input type="checkbox"/> Stone	<input type="checkbox"/> Sevieer		
<input type="checkbox"/> Van Buren	<input type="checkbox"/> White	<input type="checkbox"/> Union		
<input type="checkbox"/> Washington	<input type="checkbox"/> Woodruff			
<input type="checkbox"/> Yell				