

# BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Express Services, Inc <del>also</del> Express Employment Professionals			
Address:	2600 S. Olive St			
City:	Pine Bluff	State:	AR	Zip Code: 71601
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 Minority and Women-Owned Business Policy				

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:	John LAWSON	Title:	Owner
Phone:	870-540-6202	Alternate Phone:	870-535-3330
Email:	John.Lawson@ExpressPros.com		


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.
<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
<p>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.</p>

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
<p>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.</p> <p><input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel.</p>

**An official authorized to bind the Prospective Contractor to a resultant contract must sign below.**

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's bid to be disqualified:

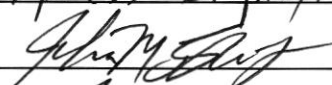
Authorized Signature:  Title: Owner

Printed/Typed Name: John Lawson Date: 06/09/2023

## SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

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

Vendor Name:	Express Employment Professionals	Date:	06/09/2023
Signature:		Title:	Owner
Printed Name:	John M. LAWSON		

## 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.**

## MINIMUM QUALIFICATION VERIFICATION

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

Physical Address: 2600 S Olive St, Pine Bluff Phone Number: 870-535-2330

Hours of Operation: M-F 8-5

Physical Address: 1904 S. Main St, Stuttgart Phone Number: 870-672-4568

Hours of Operation: M-F 8-5

Physical Address: 2905 S. Walton Blvd, Bentonville Phone Number: 479-319-4811

Hours of Operation: M-F 8-5

Physical Address: 721 Front St, Conway Phone Number: 501-358-5080

Hours of Operation: M-F 8-5

Physical Address: 1702 Malvern Ave, Hot Springs Phone Number: 501-520-0333

Hours of Operation: M-F 8-5

Physical Address: 2510 E Nettleton, Jonesboro Phone Number: 870-910-5627

Hours of Operation: M-F 8-5

Physical Address: 4323 Jefferson Ave, Texarkana Phone Number: 870-773-5627

Hours of Operation: M-F 8-5

Physical Address: 6301 Hwy 45, Fort Smith Phone Number: 479-452-6400

Hours of Operation: M-F 8-5

Physical Address: 801 Hwy 412 W, Silvan Springs Phone Number: 479-373-1888

Hours of Operation: M-F 8-5

Physical Address: 11825 Huson Rd, Little Rock Phone Number: 501-221-9800

Hours of Operation: M-F 8-5

## MINIMUM QUALIFICATION VERIFICATION

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

Physical Address: 1333 Arapaho, Springdale Phone Number: 479-756-1255  
Hours of Operation: M-F 8-5

Physical Address: 701 E Main Complex, Russellville Phone Number: 479-967-7070  
Hours of Operation: M-F 8-5

Physical Address: 2307 Linwood DR, Piggott Phone Number: 870-236-4888  
Hours of Operation: M-F 8-5

Physical Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_



**Arkansas Secretary of State  
John Thurston**

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

**Certificate of Good Standing**

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

**EXPRESS SERVICES, INC.**

formed under the laws of the state of Colorado, and authorized to transact business in the State of Arkansas as a Foreign For Profit Corporation, was granted a Application for Certificate of Authority by this office August 31, 1984.

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



**In Testimony Whereof**, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 9th day of June 2023.

  
John Thurston

Secretary of State

Online Certificate Authorization Code: 2a6df5396bbd932

To verify the Authorization Code, visit [sos.arkansas.gov](http://sos.arkansas.gov)

**Express Services , Inc.**

# **AFFIRMATIVE ACTION PLAN**

July 1, 2022 through June 30, 2023

Prepared in accordance with 41 CFR Chapter 60 - 2

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*Sarah Rogers*

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Sarah Rogers  
EEO Officer

*William H. Stoller*

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William H. Stoller  
CEO



Prepared By RPL Management Resources, Inc.

**Express Services , Inc.**

**AFFIRMATIVE ACTION PLAN**

**FOR INDIVIDUALS WITH DISABILITIES**

**AND PROTECTED VETERANS**

Prepared in accordance with  
41 CFR Chapter 60-250 and 60-741

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*Sarah Rogers*

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Sarah Rogers  
EEO Officer

*William H. Stoller*

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William H. Stoller  
CEO



## EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

It is my position, as well as that of all company management, that the success of Express Services , Inc. is largely dependent on the support and contribution of its employees. We consider them to be its most valuable resource. Because of this belief, I affirm personally and in behalf of our organization, Express Services , Inc.'s commitment to the equitable treatment of all employees and applicants for employment without regard to race, color, sex, religion, age, national origin, LGBTQ status, Vietnam Era Veteran, disabled or disabled veteran status. This policy applies to all personnel actions and includes, but is not limited to, recruitment, hiring, classification, benefits, compensation, promotion, transfer, layoff and return from layoff, termination, training and education assistance, social and recreational programs.

To ensure Express Services , Inc.'s policies, procedures and practices are effectively implemented, we have designated Sarah Rogers, our Equal Employment Opportunity Officer. The EEO Officer will be responsible for implementing and directing our affirmative action plan (AAP) and its internal and external reporting requirements. Our AAP is available for review by employees and applicants for employment. It can be reviewed at the Human Resources Dept. on workdays between 9:00 a.m. and 3:00 p.m.



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William H. Stoller  
CEO



### Current Commercial Accounts:

1. Smart Auto Group  
3 Smart Drive  
White Hall, AR 71602  
Lee Smart, Owner  
[Leebo@Smartdrive.com](mailto:Leebo@Smartdrive.com)  
870-543-2252
  
2. Receivables Management Corporation  
7401 Dollarway Rd, Suite 101  
White Hall, AR 71602  
Bea Cheeseman, President  
[bcheesman@cablelynx.com](mailto:bcheesman@cablelynx.com)  
870-535-1220
  
3. Riceland Foods, Inc.  
P.O. Box 927  
Stuttgart, AR 72160  
Bill Free, Director of Member Relations  
[bfree@riceland.com](mailto:bfree@riceland.com)  
870-673-5500

Contract Number C

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: Express Employment Professionals

Goods?  Services?  Both?

YOUR LAST NAME: Lawson

FIRST NAME John

M.I.: M

ADDRESS: 2600 S. Olive St

CITY: Pine Bluff

STATE: AR

ZIP CODE: 71601

COUNTRY: USA

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

#### FOR INDIVIDUALS \*

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

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

None of the above applies

#### FOR AN ENTITY (BUSINESS) \*

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

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

None of the above applies

Contract Number \_\_\_\_\_ 0

Attachment Number \_\_\_\_\_

Action Number \_\_\_\_\_

### Contract and Grant Disclosure and Certification Form

**Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.**

**As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:**

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:  
  
*Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.*
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

**I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.**

Signature \_\_\_\_\_  Title Owner Date 06/09/2023

Vendor Contact Person John Lawson Title Owner Phone No. (870) 535-3330

*Agency use only*

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