

BID RESPONSE PACKET
710-21-0031

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Prime Time Healthcare			
Address:	15380 Weir St			
City:	Omaha	State:	NE	Zip Code: 68137
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"/> Asian American <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Women-Owned			
	AR Certification #: _____		* See Minority and Women-Owned Business Policy	

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for bid solicitation related matters.			
Contact Person:	Mikayla Cooley	Title:	Recruiter/Account Manager
Phone:	402-932-4283	Alternate Phone:	
Email:	mcooley@primetimehealthcare.com		

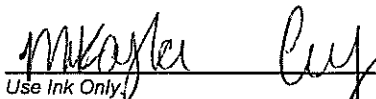
CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.
<p><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
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.
<input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

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

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

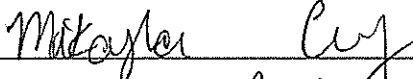
Authorized Signature:  Title: Recruiter
Use Ink Only

Printed/Typed Name: Mikayla Cooley Date: 6-1-21

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

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

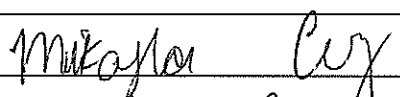
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	Prime Time Healthcare	Date:	6/1/2021
Signature:		Title:	Recruiter
Printed Name:	Mikayla Cook		

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

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

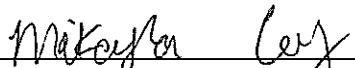
By signature below, vendor agrees to and shall fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	Prime Time Healthcare	Date:	6/1/2021
Signature:		Title:	Recruiter
Printed Name:	Mikayla Costley		

SECTION 3 - VENDOR AGREEMENT AND COMPLIANCE

- *Exceptions to Requirements shall cause the vendor's proposal to be disqualified.*

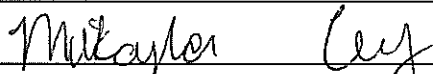
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	Prime Time Healthcare	Date:	6/1/2021
Signature:		Title:	Recruiter
Printed Name:	Mikayla Cookey		

SECTION 4 - VENDOR AGREEMENT AND COMPLIANCE

- *Exceptions to Requirements shall cause the vendor's proposal to be disqualified.*

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

Vendor Name:	Prime Time Healthcare	Date:	6/1/2021
Signature:		Title:	Recruiter
Printed Name:	Mikayla Cooley		

PROPOSED SUBCONTRACTORS FORM

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

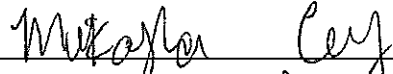
PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

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.

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

Vendor Name:	Prime Time Healthcare	Date:	6/1/2021
Signature:		Title:	Recruiter
Printed Name:	Mikayla Cookey		

OFFICIAL BID PRICE SHEET

Vendors are to check the box beside the Human Development Center (HDC) which they are bidding. Vendors are allowed to bid on more than one HDC however they must have the minimal number of staff to meet the needs of each HDC for which they are bidding.

Arkadelphia Booneville Conway Jonesboro Southeast

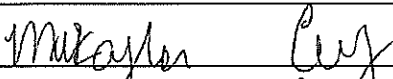
Respondent proposes to do the work described in the "Scope of Work: of this IFB at the following proposed rate during the anticipated contract period: Bid rate are to be all inclusive there shall be no separate pay for travel or mileage.

DESCRIPTION	RATE TYPE	BID RATE PER HOUR
Certified Nursing Assistant	Weekday 6:00am-6:00pm	\$ 39
	Weekday 6:00pm-6:00am	\$ 39
	Weekend (6:00pm Friday thru 6:00am Monday)	\$ 39
	Holiday*	\$ 49

** Holidays are as defined in Section 1.30 "State Holidays" of the IFB document.*

AUTHORIZATION SIGNATURE

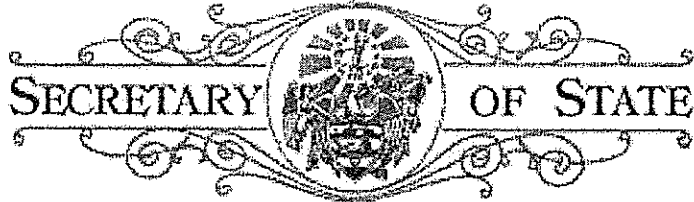
By my signature below, I certify that the aforementioned statements are true and correct and that I accept the Terms and Conditions as presented in this bid, and that I am authorized by the respondent to submit this bid on his/her behalf.

Vendor Name: Prime Time Healthcare	Date: 6/1/2021
Signature: 	Title: Recruiter
Printed Name: Mikayla Cooney	

Justification of prices

The rates quoted are all inclusive and will cover the cost of cna's travel and housing if they live more than 50 miles away. There is no additional rate for travel or housing as the rates cover those costs. Prices are negotiable upon request.

STATE OF ARKANSAS



Mark Martin

ARKANSAS SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

I, Mark Martin, 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 Registration of For. LLC

of

PRIME TIME HEALTHCARE LLC

filed in this office
August 23, 2016

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 23rd day of August 2016.

Mark Martin

Mark Martin
Secretary of State

Online Certificate Authorization Code: 8693457bc8546716a5
To verify the Authorization Code, visit sos.arkansas.gov





Search Incorporations, Cooperatives, Banks and Insurance Companies

Notice: This is only a preliminary search and no guarantee that a name is available for initial filing until a confirmation has been received from the Secretary of State after filing has been processed

[Printer Friendly Version](#)

LLC Member information is now confidential per Act 865 of 2007

Use your browser's back button to return to the Search Results

[Begin New Search](#)

For service of process contact the [Secretary of State's office](#).

Corporation Name	PRIME TIME HEALTHCARE LLC
Fictitious Names	
Filing #	811111289
Filing Type	Foreign Limited Liability Company
Filed under Act	Foreign LLC; 1003 of 1993
Status	Good Standing
Principal Address	
Reg. Agent	CORPORATION SERVICE COMPANY
Agent Address	300 SPRING BUILDING, SUITE 900 300 S. SPRING STREET LITTLE ROCK, AR 72201
Date Filed	08/23/2016
Officers	DAVID DRIES , Incorporator/Organizer
Foreign Name	PRIME TIME HEALTHCARE LLC
Foreign Address	14811 SHEPARD STREET OMAHA, NE 68138
State of Origin	NE

[Purchase a Certificate of Good Standing for this Entity](#)

[Pay Franchise Tax for this corporation](#)

References of current government accounts:

1. State of West Virginia facility contract
 - a. **Facility Name:** William R Sharpe Jr Hospital
 - b. **Address:** 936 Sharpe Hospital Rd Weston WV 26452
 - c. **Contact Person:** Dwight Sawyers
 - d. **Contact Person Number:** 304-269-1210 ext 428
 - e. **Contact Person email:** Dwight.a.sawyers@wv.gov
2. State of TX facility contract
 - a. **Facility Name:** Austin State Supported Living Center
 - b. **Address:** 2203 W. 35th St. Austin TX 78703
 - c. **Contact Person:** Lori Cordova
 - d. **Contact Person Number:** 512-374-6153
3. State of New Mexico facility contract
 - a. **Facility Name:** New Mexico State Veterans Home
 - b. **Address:** 992 South Broadway Truth or Consequences NM 87901
 - c. **Contact Person:** Jennie Bustamante
 - d. **Contact Person Number:** 575-894-8445
 - e. **Contact Person Email:** jennie.bustamante@state.nm.us
 - f. **Fax:** 575-894-4291

Roaster Listing of 10 qualified vendor personnel:

- 1. Sarah Walezonia**
- 2. Allysandra Hawkins**
- 3. Katelyn Etheredge**
- 4. Teresa Frazier**
- 5. Josephine Roberson**
- 6. Marjorie Wells**
- 7. Travis Ivy**
- 8. Tuesdae Townsend**
- 9. Ebony Jackson**
- 10. Yetta Bridges**

This list is only 10 of our cna's on the Arkansas registry ready to work in the state. The reciprocity only takes about two weeks to complete and once we have a state contract we will have dozens of cna's getting the certification to work in the state.



PRIME TIME HEALTHCARE CLIENT FACILITY AGREEMENT

This Agreement is entered between Prime Time Healthcare (“Prime Time Healthcare” or “Recruiter”) and;
_____ (“Client Facility”)

on _____ (“Effective Date”).

Prime Time Healthcare and Client Facility agree to enter into an agreement placing healthcare professionals to fill temporary and full-time positions within agreed rates and terms. The parties within acknowledge and agree to the following:

TERM OF AGREEMENT: This agreement will begin on the date entered above. This Agreement shall be for an initial term of one (1) year from the Effective Date of this Agreement. This Agreement shall be automatically renewed for successive one-year terms unless modified or terminated in accordance with the provisions of this Agreement. The parties agree to waive any notice prior to automatic renewal of this Agreement that may be required by state law. Either party may terminate the contract at any time with or-without cause, upon thirty (30) days’ prior written notice. Amendments, Terms, Policies and Procedures, Rates, may be amended at any time with written agreement signed by both parties.

CHOICE OF LAW: Any dispute under this Agreement or related to this Agreement shall revert in accordance within the laws of the State of Nebraska. The laws of the State of Nebraska will govern this Agreement and any claims arising out of this agreement.

DISCRIMINATION: The parties agree to provide equal employment opportunity to all employees regardless of their race, color, creed, age, sex, national origin, religion, disability, marital status, genetic information, pregnancy, sexual orientation, gender identity or any other prohibited basis of discrimination under applicable local, state or federal law. The parties agree that all employment decisions will be consistent with this principle of equal opportunity.

INDEPENDENT CONTRACTOR: The services which Prime Time Healthcare shall render under this Agreement shall be as an independent contractor, and nothing contained in this Agreement shall be construed to create the relationship of principal and agent, or employer and employee, between Prime Time Healthcare, Prime Time Healthcare’s

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

TAXPAYER ID NAME: Prime Time Healthcare LLC
 IS THIS FOR: Goods? Services? Both?

YOUR LAST NAME: Cooley FIRST NAME: Mikayla M.I.: M

ADDRESS: 15380 Weir St STATE: NE ZIP CODE: 68137 COUNTRY: United States

CITY: Omaha

FOR INDIVIDUALS *

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

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

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?	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY			
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

None of the above applies

Contract Number _____
Attachment Number _____
Action Number _____

Contract and Grant Disclosure and Certification Form

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

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

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

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

Signature Mikayla Cooley Title Recruiter/Account Manager Date 6/1/21
Vendor Contact Person Mikayla Cooley Title Recruiter/Account Manager Phone No. 402-932-4283

Agency use only
Agency use only Agency Name Department of Human Services Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____