

BID RESPONSE PACKET
710-25-049

BID 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 Minority and Women-Owned Business Policy			
PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for bid solicitation related matters.			
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>			
COMBINED CERTIFICATIONS FORM			
Prospective Contractor has included, in this submission packet, the signed Attachment H-Combined Certifications for Contracting with the State of Arkansas.			

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: _____
 Printed/Typed Name: _____ Date: _____

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:		Date:	
Signature:		Title:	
Printed Name:			

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.**

STATEMENT OF ATTESTATION

The Broker shall provide written assurance to DHS that all vehicles used for Beneficiary transport will be in compliance with all requirements of the Arkansas Transportation Department for Arkansas Intrastate Renewal prior to award and upon any contract renewal periods.

MediTrans, LLC hereby provides written assurance to the Arkansas Department of Human Services that:

All vehicles used by our subcontracted transportation providers for Beneficiary transport will be in full compliance with all requirements of the Arkansas Transportation Department for Arkansas Intrastate Renewal prior to contract award and upon any contract renewal periods.

This assurance encompasses our commitment to:

1. Verify that all subcontracted transportation providers' vehicles meet or exceed Arkansas Transportation Department standards for intrastate commercial vehicle operations
2. Ensure all subcontracted transportation providers maintain current and valid Arkansas Intrastate Renewal certifications for their vehicles
3. Verify compliance status of all subcontractor vehicles prior to the initial contract award
4. Continuously monitor and ensure subcontractor compliance throughout the contract term
5. Re-verify and maintain subcontractor compliance upon any contract renewal periods
6. Require subcontracted transportation providers to provide documentation of compliance upon request
7. Provide consolidated compliance documentation to DHS upon request

We understand that failure to ensure subcontractor compliance may result in contract termination and acknowledge our responsibility as the Transportation Broker to verify and maintain ongoing adherence to all Arkansas Transportation Department requirements by our subcontracted transportation providers.

By signature below, the Prospective Contractor agrees to and shall fully comply with all requirements as described in this attestation.

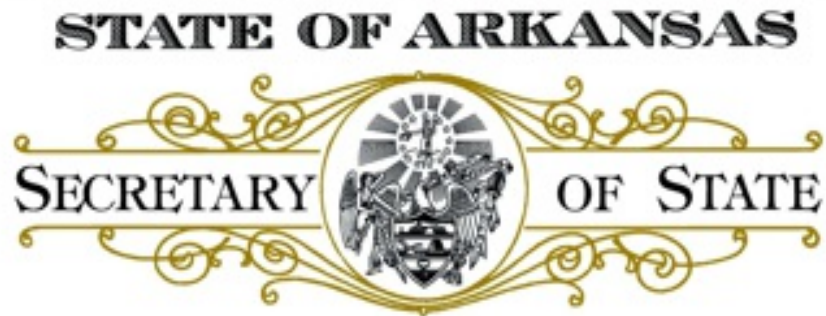
Authorized Signature:  _____

Printed Name: _____ Date: _____

DOCUMENTATION CHECKLIST

As outlined in section 2.2 Minimum Qualifications in the solicitation document, please provide the following:

- Letter of Bondability
- Active registration from the Arkansas Secretary of State's Office, or other state approved documentation
- Official Bid Price Sheet
- All documents provided in the bid response packet
- Copy of Vendor's Equal Opportunity Policy
- Signed Addenda, if applicable
- EO 98-04 Disclosure Form (Attachment A)
- Client History Form (Attachment I)
- Combined Certifications (Attachment H)
- Job descriptions for specific roles as outlined in §2.2.C of the solicitation document.



Cole Jester

ARKANSAS SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

I, Cole Jester, 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

MEDI TRANS, LLC

filed in this office

May 06, 2025

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 6th day of May 2025.

A handwritten signature in black ink, appearing to read "Cole Jester", written over a horizontal line.

Cole Jester
Secretary of State



Online Certificate Authorization Code: 854740682b409885cde
To verify the Authorization Code, visit sos.arkansas.gov



MEDI TRANS, LLC

EQUAL EMPLOYMENT OPPORTUNITY

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at MEDI TRANS will be based on merit, qualifications, and abilities. MEDI TRANS does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by law.

MEDI TRANS will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship. This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.

Any employees with questions or concerns about any type of discrimination in the workplace are encouraged to bring these issues to the attention of their immediate supervisor or the Office Manager. Employees can raise concerns and make reports without fear of reprisal. Anyone found to be engaging in any type of unlawful discrimination will be subject to disciplinary action, up to and including termination of employment.

Contract Number _____
Attachment Number _____
Action Number _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: SUBCONTRACTOR NAME:

☐ Yes ☒ No

IS THIS FOR:

TAXPAYER ID NAME: MediTrans LLC

Goods? ☐ Services? ☒ Both? ☐

YOUR LAST NAME: Broussard

FIRST NAME: Paul

M.I.: A

ADDRESS: 102 Asma Blvd Ste 200

CITY: Lafayette

STATE: LA

ZIP CODE: 70508

COUNTRY: USA

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

FOR INDIVIDUALS *

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

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

☒ None of the above applies

FOR AN ENTITY (BUSINESS) *

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

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

☒ None of the above applies

Contract Number _____
Attachment Number _____
Action Number _____

Contract and Grant Disclosure and Certification Form

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

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

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

2. I will include the following language as a part of any agreement with a subcontractor:

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

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

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

Signature Paul Broussard Digitally signed by Paul Broussard
Date: 2025.06.20 09:53:45 -05'00' Title CEO Date 06/20/2025

Vendor Contact Person Paul Broussard Title CEO Phone No. (337) 366-6618

Agency use only

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



Department of Transformation and Shared Services

Governor Sarah Huckabee Sanders

Secretary Leslie Fiskien

COMBINED CERTIFICATIONS FOR CONTRACTING WITH THE STATE OF ARKANSAS

Pursuant to Arkansas law, a vendor must certify as specified below and as designated by the applicable laws.

1. **Israel Boycott Restriction:** For contracts valued at \$1,000 or greater.
A public entity shall not contract with a person or company (the "Contractor") unless the Contractor certifies in writing that the Contractor is not currently engaged in a boycott of Israel. If at any time after signing this certification the Contractor decides to boycott Israel, the Contractor must notify the contracting public entity in writing. See Arkansas Code Annotated § 25-1-503.
2. **Illegal Immigrant Restriction:** For contracts valued at \$25,000 or greater.
No state agency may contract for services with a Contractor who knowingly employs or contracts with an illegal immigrant. The Contractor shall certify that it does not knowingly employ, or contract with, illegal immigrants. See Arkansas Code Annotated § 19-11-105.
3. **Energy, Fossil Fuel, Firearms, and Ammunition Industries Boycott Restriction:** For contracts valued at \$75,000 or greater.
A public entity shall not contract unless the contract includes a written certification that the Contractor is not currently engaged in and agrees not to engage in, a boycott of an Energy, Fossil Fuel, Firearms, or Ammunition Industry for the duration of the contract. See Arkansas Code Annotated § 25-1-1102.
4. **Scrutinized Company Restriction:** Required with bid or proposal submission.
A state agency shall not contract with a Scrutinized Company or a company that employs a Scrutinized Company as a subcontractor. A Scrutinized Company is a company owned in whole or with a majority ownership by the government of the People's Republic of China. A state agency shall require a company that submits a bid or proposal for a contract to certify that it is not a Scrutinized Company and does not employ a Scrutinized Company as a subcontractor. See Arkansas Code Annotated § 25-1-1203.


By signing this form, the Contractor agrees and certifies they are not a Scrutinized Company and they do not currently and shall not for the aggregate term of any resultant contract:

- Boycott Israel.
- Knowingly employ or contract with illegal immigrants.
- Boycott Energy, Fossil Fuel, Firearms, or Ammunition Industries.
- Employ a Scrutinized Company as a subcontractor.

Contract Number: 710-25-049 Description: Non-Emergency Medical Transportation Services

Agency Name: Department of Human Services, Division of Medical Services

Vendor Number: 100252159 Vendor Name: MediTrans, LLC



Vendor Signature

June 23, 2025

Date

Attachment I
Client History Form
NON-EMERGENCY MEDICAL
TRANSPORTATION SERVICES
710-25-049

Attachment I

Non-Emergency Medical Transportation Services

Instructions: This form is intended to help the State gain a more complete understanding of each Respondent's experience. This form **must** be completed completely and accurately.

The State reserves the right to verify the accuracy of these answers by contacting any of the listed clients, and all applicable clients **must** be listed. Omission of a client will constitute a failure to complete this form.

For purposes of this form, the "client" is not an individual but the entity which held the contract. By way of explanation, in the Contract resulting from this IFB, Arkansas DHS will be the client. For each listed client, Respondents may (but are not required) provide the contact information for a person at the client entity who is knowledgeable of the named project. If the State contacts clients listed on this form, the State reserves the right to contact the listed individual or another person at the listed client.

The boxes below each prompt will expand if necessary. The form **must** be signed (please see the final page) by the same signatory who signed the Response Signature Page.

1. Provide a narrative detailing your five (5) years of qualifying experience where you (the prime contractor only) served as the prime contractor for providing non-emergency transportation as a broker. Subcontractor experience shall not substitute for Broker experience. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract and duration of services. If there are no contracts which meet this definition, please state "none."

2. Please list job descriptions of staff proposed to fill the following required positions. A single staff member shall not serve in more than two (2) of these designated roles:

Project Director	
Safety Officer	
Quality Assurance Manager	
Investigator	
Trainer	

Authorized Signature:  Title: _____

Printed/Typed Name: _____ Date: _____

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

ADDENDUM 3

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: June 30, 2025
SUBJECT: 710-25-049 Non-Emergency Medical Transportation Services

The following change(s) to the above referenced IFB have been made as designated below:

- ☒ Change of specification(s)
- ☐ Additional specification(s)
- ☒ Change of bid opening date and time
- ☐ Cancellation of bid
- ☒ Other

CHANGE OF SPECIFICATIONS

- Section 2.31.E — Remove and replace with:
 - E. The Broker **must** comply with DHS/Office of Information Technology (OIT) Standard information technology requirements, as specified in Attachment J – ARDHS – OIT-Standard IT Requirements.
 - 1. For verification purposes, the Prospective Contractor **shall** include the completed Attachment J: ARDHS OIT Standard IT Requirements within fourteen (14) days of contract award. If a Prospective Contractor responds with “Does Not Apply” to a requirement in Attachment J, the Prospective Contractor **shall** add an explanation in the Comments column. DHS will review the submission and incorporate the submission and any updates required by DHS to the Contractor in the resulting contract.
- Solicitation – remove and replace with 710-25-049 Solicitation Revision 2 (Redline and Clean versions)

CHANGE OF BID OPENING DATE AND TIME

- Bid Submission date and time has been extended to July 7, 2025, 10:00 a.m. CST
- Bid Opening date and time has been extended to July 7, 2025, 11:00 a.m. CST

OTHER

- 710-25-049 Written Question and Answers — Remove and replace with 710-25-049 Revised Written Questions and Answers

The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Ian Cunningham
DHS.OP.Solicitations@dhs.arkansas.gov
(501) 682-0120



July 2, 2025

Vendor Signature

Date

MediTrans LLC

Company

OFFICIAL BID PRICE SHEET

710-25-049 Non-Emergency Medical Transportation Services

All costs **must** be included in the unit price. Costs not included in the unit price below are not billable under a contract established from this solicitation. Bidder must submit a printed copy of the completed official bid price sheet with bid submission.


Instructions: Enter the per member per month unit price for each region being bid. DHS will not accept bids that do not fall within the actuarial spread range listed below.

ITEM	DESCRIPTION	Actuarial Spread	UNIT PRICE (per member per month)
1	Region A	\$3.44-\$3.56	
2	Region B	\$7.85-\$8.07	
3	Region C	\$4.95-\$5.15	
4	Region D	\$5.71-\$5.92	
5	Region E	\$11.67-\$12.08	
6	Region F	\$16.59-\$17.23	
7	Region G	\$6.39-\$6.53	

AUTHORIZED SIGNATURE:

By my signature below, I certify that I am authorized by the respondent to submit this bid on his/her behalf.

Vendor Name: _____ Date: _____

Signature:  _____ Title: _____

Printed Name: _____

MediTrans IFB# 710-25-049 Pricing Methodolgy

Data from RFP				
All Other	Members	Legs	Trips	Mileage
Region A	137,287	42,339	21,567	903,945
Region B	65,922	29,411	14,766	850,555
Region C	107,348	69,525	35,613	1,514,499
Region D	109,278	57,333	29,824	1,152,094
Region E	133,474	130,127	68,001	2,898,767
Region F	69,549	108,558	55,976	1,701,841
Region G	145,054	86,671	45,061	796,231
ADDT EIDT	Trips	Mileage	Avg miles	
Region A	57,192	539,904	9.440207	
Region B	78,787	880,612	11.17713	
Region C	55,424	421,635	7.607441	
Region D	64,481	716,621	11.11368	
Region E	196,215	2,003,602	10.21126	
Region F	31,672	566,129	17.87473	
Region G	189,829	1,945,176	10.24699	

Region	Legs	Mileage	Avg Miles	Avg trip cost
Region A	42,339	903,945	21.35017	
Region B	29,411	850,555	28.91962	
Region C	69,525	1,514,499	21.78352	
Region D	57,333	1,152,094	20.09478	
Region E	130,127	2,898,767	22.27645	
Region F	108,558	1,701,841	15.67679	
Region G	86,671	796,231	9.186821	

Actuarial Spread		Revenue Potential		Scenerio Analysis						
Low PMPM	High PMPM	Low Rev	High Rev	Avg Trip Cost	Trip Expense	Low Gross Revenue	High Gross Revenue	Mid	Mid Rev	Delta from high
\$ 3.44	\$ 3.56	5,667,204	5,864,897	\$ 39.25	\$ 3,091,291	\$ 2,575,913.17	\$ 2,773,606.33	\$ 3.50	\$ 5,766,051	\$ (98,847)
\$ 7.85	\$ 8.07	6,209,805	6,383,838	\$ 39.48	\$ 3,693,472	\$ 2,516,332.86	\$ 2,690,365.62	\$ 7.96	\$ 6,296,822	\$ (87,016)
\$ 4.95	\$ 5.15	6,376,491	6,634,127	\$ 43.21	\$ 3,933,709	\$ 2,442,782.23	\$ 2,700,418.23	\$ 5.05	\$ 6,505,309	\$ (128,818)
\$ 5.71	\$ 5.92	7,487,717	7,763,097	\$ 41.25	\$ 3,890,081	\$ 3,597,635.89	\$ 3,873,016.03	\$ 5.82	\$ 7,625,407	\$ (137,690)
\$ 11.67	\$ 12.08	18,691,676	19,348,367	\$ 39.55	\$ 10,449,743	\$ 8,241,932.82	\$ 8,898,624.08	\$ 11.88	\$ 19,020,021	\$ (328,346)
\$ 16.59	\$ 17.23	13,845,881	14,380,020	\$ 49.43	\$ 4,332,441	\$ 9,513,440.64	\$ 10,047,579.52	\$ 16.91	\$ 14,112,951	\$ (267,069)
\$ 6.39	\$ 6.53	11,122,760	11,366,451	\$ 30.26	\$ 7,107,771	\$ 4,014,988.49	\$ 4,258,679.63	\$ 6.46	\$ 11,244,605	\$ (121,846)

Trip Cost Estimator				
	Base Rate	Per Mile	Trip Cost	Cost/Trip
Region A	\$ 14.50	\$ 1.35	\$ 3,091,202	39.25
Region B	\$ 14.50	\$ 1.35	\$ 3,693,594	39.48
Region C	\$ 14.50	\$ 1.35	\$ 3,933,817	43.21
Region D	\$ 14.50	\$ 1.35	\$ 3,890,188	41.25
Region E	\$ 14.50	\$ 1.35	\$ 10,449,331	39.55
Region F	\$ 14.50	\$ 1.35	\$ 4,332,655	49.43
Region G	\$ 14.50	\$ 1.35	\$ 7,106,804	30.26