## ATTACHMENT A STATE OF ARKANSAS PROFESSIONAL CONSULTANT SERVICES CONTRACT

	CONTRACT#				FEDERAL I.D. #		
	VENDOR #				MINORITY VENDOR	YES NO	
l. ,	PROCUREMENT:						
	Check appropri	iate box belo	ow for the me	thod of procur	ement for this contract:		
	☐ ABA Criter ☐ Intergovers ☐ Sole Sourc ☐ Sole Sourc	nmental e by Justific	☐ Emergen ation (Justification)	for Proposal cy ation must be attac	☐ Competitive  ched) ☐ Sole Source or Statute #:	by Intent to Award	for Qualifications
2.	TERM DATES:						
	The term of this	agreement s	hall begin o	(mm/dd/	yyyy) and shall end	on(mm/dd/	, , , , ,
3.	CONTRACTING PA	ARTIES:					
-	State of Arkansas	is hereinaft	er referred to	as the agency	and vendor is herein aft	er referred to as t	ne Contractor.
	AGENCY NUMBE	R & NAME					☐ Service Bureau
Ī	CONTRACTOR NA	AMF					
ŀ	CONTRACTOR A						
t	TRACKING # 1				TRACKING # 2		
IA.	PROJECTED TO	TAL CONTRA	ACT COST:		,		
	Projected total	I cost of ent	ire project if	all available ex and stated in Se	tensions of this contract	are \$	
ID.					,		
łВ.	For work to be scheduled for e	accomplishe each level of	ed under this consulting p	ersonnel as lis	e Contractor agrees to poted herein. Calculations nal space is required, a c	of compensation	and reimbursable
	-	LEVEL OF PERSONNEL		NUMBER	COMPENSATION RATE	TOTAL F	
		LITOOTTIVEE			KAIL	ELVE	-
	Total compen	sation exclu	sive of expe	nse reimbursen	nent	\$	
	R		SLE EXPENS Specify)	ES	ESTIMATED RATE OF REIMB.	ТОТА	AL
	Total reimbur	sable expens	ses			\$	

Total compensation inclusive of expense reimbursement	\$

## 5. SOURCE OF FUNDS:

Complete appropriate box(es) below to total 100% of the funding in this contract.

Fund Source	Identify Source of Funds*	Fund	Fund Center	Amount of Funding	% of Total Contract Cost
Federal Funds				\$	
State Funds**				\$	
Cash Funds				\$	
Trust Funds				\$	
Other Funds				\$	
			TOTALS	\$	100%

 $<sup>^{\</sup>star}$  MUST BE SPECIFIC (i.e. fees, tuition, agricultural sales, bond proceeds, donations, etc.)

	RENDERING OF COMPENSATION:  The method(s) of rendering compensation and/or evaluation of satisfactory achievement toward attainment of the agreement listed herein is as follows, or in attachment no to this agreement.
	OBJECTIVES AND SCOPE: State description of services, objectives, and scope to be provided. (DO NOT USE "SEE ATTACHED")
	PERFORMANCE STANDARDS: List Performance standards for the term of the contract. (If necessary, use attachments)
ΓΊ	FACHMENTS: List ALL attachments to this contract by attachment number:
	List ALL attachments to this contract by attachment number:

<sup>\*\* &</sup>quot;State Funds" is defined as and deemed State General Revenue Dollars. If other state funds are being used such as tobacco funds, general improvement funds, etc., these should be noted. Special revenue funds from taxes or fees generated for the agencies should be shown as "Other" and the actual source of the funds should be clarified in the "Identify Source of Funds."

CERTI	FICATION OF CONTRACTOR	
A.	"I,(Contractor)  certify under penalty of perjury that, to the best of my knowledge and employee of any State agency of the State of Arkansas will receive an benefits which would be in violation of the law as a result of the execu contractor is a widely-held public corporation, the term 'direct or indirect to any regular corporate dividends paid to a stockholder of said corporate who owns less than ten percent (10%) of the total outstanding stops	y personal, direct or indirect monetary ution of this contract." Where the rect monetary benefits' "shall not apply pration who is also a State employee
B.	List any other contracts or subcontracts you have with any other state gover between Arkansas state agencies) (If no contracts or subcontracts, please places)	rnment entities. (Not applicable to contracts out "N/A" or "None")
C.	Are you currently engaged in any legal controversies with any state agengaged in any controversy with any Arkansas state agency? (If no confidence)	
D.	The contractor agrees to list below, or on an attachment hereto, name those persons who will be supplying services to the state agency at the contract. If the names are not known at the time of the execution of the submit the names along with the other information as they become known be employees or independent contractors operating under contractors), and nothing herein shall be construed to create an employees and the persons listed below.	he time of the execution of the he contract, the contractor shall nown. Such persons shall, for all the control of the contractor (sub-
	NAME	RELATIONSHIP

- E. The agency shall exercise no managerial responsibilities over the contractor or his employees. In carrying out this contract, it is expressly agreed that there is no employment relationship between the contracting parties.
- 11. DISCLOSURE REQUIRED BY EXECUTIVE ORDER 98-04:

10.

Any contract or amendment to a contract executed by an agency which exceeds \$25,000 shall require the contractor to disclose information as required under the terms of Executive Order 98-04 and the Regulations pursuant thereto. The contractor shall also require the subcontractor to disclose the same information. The Contract and Grant Disclosure and Certification Form (Form PCS-D attachment II-10.3) shall be used for this purpose.

Contracts with another government entity such as a state agency, public education institution, federal government entity, or body of a local government are exempt from disclosure requirements.

The failure of any person or entity to disclose as required under any term of Executive Order 98-04, or the violation of any rule, regulation or policy promulgated by the Department of Finance and Administration pursuant to this Order, shall be considered a material breach of the terms of the contract, lease, purchase agreement, or grant and shall subject the party failing to disclose, or in violation, to all legal remedies available to the Agency under the provisions of existing law.

## 12. **NON-APPROPRIATION CLAUSE:**

"In the event the State of Arkansas fails to appropriate funds or make monies available for any biennial period covered by the term of this contract for the services to be provided by the contractor, this contract shall be terminated on the last day of the last biennial period for which funds were appropriated or monies made available for such purposes.

This provision shall not be construed to abridge any other right of termination the agency may have."

## 13. TER

14.

15.

<u>TER</u>	<u>MS:</u>		
	The term of this agreement begins on the date agreed to separately in writing by both parties.		ECTION 2 and will end on the date in SECTION 2, and/or as
		ecto	(mm/dd/yyyy), in accordance with the terms stated of both parties and subject to: approval of the Arkansas r of Office of State Procurement, appropriation of necessary eral authority.
	by the Department of Finance and Administrati	on/l	egislative Council or Joint Budget Committee prior to approval Director of Office of State Procurement if the original contract let Committee and the amendment increases the dollar amount cope of the contract.
	Committee) which cause the total compensation Legislative Council or Joint Budget Committee	n to , <u>pr</u> i	equire review by Legislative Council or Joint Budget of exceed the sum of \$25,000, shall require review by the for to the approval of the Department of Finance and ment and before the execution date of the amendment.
	This contract may be terminated by either party parties.	y up	on 30 day written notice, unless otherwise agreed by both
<u>AUTI</u>	IORITY:		
A.			e State of Arkansas as interpreted by the Attorney General of with the intent of Arkansas Code Annotated §19-11-1001 et
B.	Any legislation that may be enacted subseque of the agreement to be in conflict with the laws and when this contract is renewed or extended laws.	s of d; th	o the date of this agreement, which may cause all or any part the State of Arkansas, will be given proper consideration if he contract will be altered to comply with the then applicable
AG	ENCY CONTACTS FOR QUESTION(S) REGARDI	NG	THIS CONTRACT:
_	Contact #1 – Agency Representative submitting/tra	ackir	ng this contract
	(Name)		(Title)

Contact #2 - Agency Representative with knowledge of this project (for general questions and responses) (Name) (Title) (Telephone #) (Email)

(Email)

(Telephone #)

Contact #3 - Agency Representative Director or Critical Contact (for time sensitive questions and responses)

(Name)		(Title)	
(Telephone #)	ORI IGATIONS	(Email)	ENCV
<b>5:</b>			
	DATE	AGENCY DIRECTOR	DA
		TITLE	
	(Telephone #) NATURE CERTIFIES NO	(Telephone #) NATURE CERTIFIES NO OBLIGATIONS FFICIENT FUNDS ARE AVAILABLE TO S:	(Telephone #) (Email) NATURE CERTIFIES NO OBLIGATIONS WILL BE INCURRED BY A STATE AGE FFICIENT FUNDS ARE AVAILABLE TO PAY THE OBLIGATIONS WHEN THE