



Arkansas Department of Correction

Procurement/Accounts Payable
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August 14, 2014

Camber Thompson, Director
Office of State Procurement
1509 West 7th Street, Third Floor
Little Rock, AR 72201

RE: Request for Sole Source Contract (8/15/14 – 11/15/14)
Inmate Collect Phone System Contract/Bid #SP-07-0002 (Offline)

Dear Ms. Thompson,

The Arkansas Department of Correction respectfully requests approval of the above referenced sole source contract for inmate telephone services with Global Tel*Link for a three month period (August 15, 2014 – November 15, 2014) at the same terms, rates and commissions as the current contract SP-07-0002. This contract ended February 14, 2014 but had been approved through two 3-month sole source periods that ends August 15, 2014. As you know, we are currently in the process of rebidding out these services following unsuccessful bid #SP-14-0022. In accordance with OSP Policy Directive on Sole Source Procurements, the below information is provided.

- 1. Why is this service or commodity needed?** To provide phone services for the state's incarcerated population.
- 2. What method(s) were used to determine that a lack of responsible competition exists for this service or commodity?** This service is already provided by Global Tel*Link. This request is to continue these services until a new contract is procured.
- 3. How was it determined that this service provider or commodity has exclusive processes or properties?** Global Tel*Link is the current contractor and has the infrastructure already in place to continue these services until the new contract is in place.

4. **Can requirements be modified so that the services or commodity can be competitively bid?**
Yes. We are currently working on the rebid document. **If not, why?**
5. **Are there patent, copyright, or proprietary rights which make the required service or commodity unavailable from other sources? No.**
6. **What would the agency do if the service or commodity were no longer available? We would have to discontinue phone services for the inmates.**
7. **Detail any program considerations which make the use of a "Sole Source" critical to the successful completion of the task(s). We are in the process of rebidding these services.**

If further information is needed, please contact Teresa Funderburg at (870)850-8502. Thank you for your attention in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Teresa Funderburg".

Teresa Funderburg
Procurement Administrator



Global Tel*Link Corporation
www.gtl.net

Corporate Headquarters
12021 Sunset Hills Road
Suite 100
Reston, VA 20190

Operations Center
107 St. Francis Street
32nd Floor
Mobile, AL 36602

August 14, 2014

Ms. Teresa Funderburg
Procurement Manager
Arkansas Department of Corrections
PO Box 6408
Pine Bluff, AR 71611

Re: Renewal of Inmate Collect Phone System, Contract/Bid No. SP-07-002

Dear Ms. Funderburg,

Pursuant to your request on Thursday, August 13, 2014, please let this letter serve as Global Tel*Link's ("GTL") intent to renew the above referenced sole source contract between the State and GTL. GTL understands and agrees that this renewal, from August 15, 2014 through November 15, 2014, will be under the terms and conditions contained in the original agreement with the exception that the State will not be paid a commission on revenue from interstate calls.

Please indicate the State's consent to this renewal by having this letter signed where indicated below.

Thank you for your time and attention to this matter.

Sincerely,

Teresa Ridgeway
Senior VP, Administration

Arkansas Department of Corrections

By:
Name: Mike Casper
Title: Asst. Director Admin Services
Date: 8-18-14

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 NAME: _____

Yes No

IS THIS FOR:

Goods? Services? Both?

TAXPAYER ID NAME: 63-1071001

FIRST NAME: TERESA

YOUR LAST NAME: RIDGEWAY

M.I.: _____

ADDRESS: 107 ST. FRANCIS STREET, 32ND FLOOR

CITY: MOBILE

STATE: AL

ZIP CODE: 36602

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.]	Relation
	Current	Former		From MM/YY	To MM/YY		
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>					
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>					
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>					
State Employee	<input type="checkbox"/>	<input type="checkbox"/>					

None of the above applies

FOR A VENDOR (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 (%)
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>					
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>					
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>					
State Employee	<input type="checkbox"/>	<input type="checkbox"/>					

None of the above applies

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 Senior Vice President, Administration Date 08/13/14
Vendor Contact Person Tom Meriam Title Sales Director, Sales Central Phone No. 972-535-3372

Agency use only
Agency Number 0480 Agency Name Correcting Agency Contact Person T. Funderburg Contact 870 Contract Offline
Phone No. 870-8502 or Grant No. SoleSource