BID RESPONSE PACKET

S000000505

User Acceptance Testing

BID SIGNATURE PAGE

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	ESYSTEMS INC.				
Address:	4250 US Hwy 1, Suite 105				
City:	Monmouth Junction	State:	NJ	Zip Code:	08852

PROSPECTIVE CONTRACTOR CONTACT INFORMATION *Provide contact information to be used for Solicitation related matters.*			
Contact Person:	Ashish Mukherji	Title:	President & CEO
Phone:	908-768-1874	Alternate Phone:	609-945-7437
Email:	ashish@esystems-inc.com		

CONFIRMATION OF REDACTED COPY

☐ YES, a redacted copy of submission documents is enclosed.
☒ NO, a redacted copy of submission documents is not enclosed. I understand a full copy of non-redacted submission documents will be released if requested.

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, except for financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See the *Proprietary Information* section of the Solicitation.

REQUIRED CERTIFICATIONS

By signing and submitting a response to this Solicitation, Prospective Contractor represents, warrants, and certifies that they are not a Scrutinized Company and they do not currently and shall not for the aggregate term of a 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 contractor.

Prospective Contractor represents, warrants, and certifies that it shall not become a Scrutinized Company during the aggregate term of a contract resulting from this Solicitation. The Prospective Contractor further represents, warrants, and certifies in shall in all other respects comply with the laws, rules, and executive orders of the state that apply to the Contractor's performance during the aggregate term of a contract resulting from this Solicitation.

An official authorized to bind the Prospective Contractor to a resultant contract **shall** sign below. The signature below signifies agreement that any exception that conflicts with a Requirement of this Solicitation may cause the Prospective Contractor's bid to be rejected.

Authorized Signature:  **Title:** President & CEO

Printed/Typed Name: Ashish Mukherji **Date:** 06/16/2026

SUBMISSION REQUIREMENTS CHECKLIST

The following items **must** be submitted with the Prospective Contractor's bid*:*

√ *Bid Signature Page*

√ *Proposed Subcontractors Form*

√ *IFB Requirement Acknowledgements*

√ Copy of Prospective Contractor's *Equal Opportunity Policy*

√ *Official Bid Price Sheet*

The following items, which **must** be submitted prior to a contract award to the Prospective Contractor, may also be included with the Prospective Contractor's bid:

√ EO 98-04: *Contract and Grant Disclosure Form*

☐ *Voluntary Product Accessibility Template* (VPAT), if applicable

PROPOSED SUBCONTRACTORS FORM

Prospective Contractors **shall** complete the form for all subcontractors the Prospective Contractor proposes to use under a resulting contract (*Services Contract (SRV-1) Fillable Form*, section 14). If the Prospective Contractor does not intend to use subcontractor(s), Prospective Contractor should indicate so by checking the appropriate box.

Prospective Contractors should 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) under a resulting contract:

SUBCONTRACTOR'S COMPANY NAME	SERVICE PERFORMED	STREET ADDRESS	CITY, STATE, ZIP

☒ **Prospective Contractor does not propose to use subcontractors under a resulting contract.**

IFB REQUIREMENT ACKNOWLEDGEMENTS

Prospective Contractor represents, warrants, and certifies that:

- √ NO, the Prospective Contractor is not the creator of the software being tested
- √ YES, the Prospective Contractor has performed at least three (3) similar functional services for other state government entities within the past five (5) years.
- √ YES, the Prospective Contractor has key personnel to assign to the State's account who have at least:

  Three (3) years of experience working on relevant projects supporting state human service programs such as Medicaid, CHIP, SNAP, or TEA.

  Five (5) years of previous experience of UAT work on at least one (1) eligibility engagement that supported multiple benefit programs.

Authorized Signature:  **Title:** President & CEO

Printed/Typed Name: Ashish Mukherji **Date:** 06/16/2026

Official Solicitation Price Sheet
S000000505 User Acceptance Testing (UAT)
Arkansas Department of Human Services

Prospective Contractors Name: ESYSTEMS, INC.

1 Prospective Contractor should enter name in the blue-shaded cell at the top labeled Prospective Contractor name.
2 Prospective Contractor shall enter responses in the blue-shaded cells only and shall not otherwise alter this sheet.
3 For Items 1-4 (Table 1), Prospective Contractor shall enter the "Cost Per Month" for each specified position required to be provided in the blue-shaded cells.
4 The total for each row 1-4 will automatically populate " Estimated Monthly Rate."
5 The total for Table 1 will automatically populate "Total Estimated Monthly Rate.
6 For Items 5-8 (Table 2), Prospective Contractor shall enter the "Cost Per Month" for each of the additional positions as requested in the blue-shaded cells.
7 The total for each row 5-8 will automatically populate "Estimated Monthly Rate."
8 If this price sheet does not allow for accurate pricing, Prospective Contractor should notify the OSP Procurement Specialist during the Clarification of Solicitation period.

Table 1: To be used in low-cost determination (See IFB Section 2.10 B)

Item	UAT Position	Cost Per Month	Estimated Number of Positions	Estimated Monthly Rate
1	UAT Manager	$18,480.00	1	$18,480.00
2	UAT Lead	$12,096.00	3	$36,288.00
3	UAT Tester	$9,408.00	35	$329,280.00
4	UAT Bilingual (Spanish) Tester	$9,408.00	1	$9,408.00
			Total Estimated Monthly Rate	**$393,456.00**

Table 2: Not to be used in low-cost determination (See IFB Section 2.10 D)

Item	UAT Position	Cost Per Month	Estimated Number of Positions	Estimated Monthly Rate
5	Additional UAT Manager	$21,252.00	1	$21,252.00
6	Additional UAT Lead	$14,516.00	1	$14,516.00
7	Additional UAT Tester	$11,290.00	1	$11,290.00
8	Additional Bilingual (Spanish) Tester	$11,290.00	1	$11,290.00

eSystems Equal Opportunity Policy

The *eSystems Employee Handbook* defines the policies and procedures that must be followed at all times by all employees. Employees are asked each year to acknowledge, in writing, the policies and procedures in the handbook including the following section containing our Equal Opportunity Policy which follows below.

3.1 EQUAL EMPLOYMENT OPPORTUNITY

It is eSystems' policy to provide equal opportunity in employment to all employees and applicants for employment. The Company as an Equal Opportunity Employer has an ongoing commitment to the creation of a workplace free of discrimination and harassment.

Specifically, it is the policy of the Company to hire, promote, train, compensate, and reassign qualified persons; and to administer all other personnel actions, including but not limited to, benefits, transfers, evaluation, discipline, layoffs, leaves, return from layoffs and leaves, and social and recreational programs, without regard to sex, race, color, citizenship, religion, ancestry, national origin, age, pregnancy, child birth, medical condition related to pregnancy, marital status, sexual orientation, physical or mental disability, medical condition, veteran status or any other prohibited basis under applicable law.

As part of the company's equal employment opportunity policy, eSystems will also take affirmative action as called for by applicable laws and Executive Orders to ensure that minority group individuals, females, disabled veterans, recently separated veterans, other protected veterans, Armed Forces service medal veterans, and qualified disabled persons are introduced into our workforce and considered for promotional opportunities.

eSystems is committed to assuring equal employment opportunity and equal access to services, programs and activities for individuals with disabilities. It is our policy to provide reasonable accommodation to a qualified individual with a disability to enable such individual to perform the essential functions of the position for which he/she is applying or in which he/she is employed. Further, it is the policy of the eSystems to provide reasonable accommodation for religious observers.

Employees and applicants shall not be subjected to harassment, intimidation or any type of retaliation because they have (1) filed a complaint; (2) assisted or participated in an investigation, compliance review, hearing or any other activity related to the administration of any federal, state or local law requiring equal employment opportunity; (3) opposed any act or practice made unlawful by any federal, state or local law requiring equal opportunity; or (4) exercised any other legal right protected by federal, state or local law requiring equal opportunity.

The policy applies to all employment practices and actions. It is the responsibility of each supervisor of the company to ensure affirmative implementation of these policies to avoid any discrimination in employment. All employees are expected to recognize these policies and cooperate with their implementation. Violation of these policies is a disciplinary offense.

We ensure that all employees understand that upholding this policy is a vital aspect of their responsibilities and it extends to their representation of client companies and applicants alike. All

employees are expected to support this policy of Equal Employment Opportunity/Affirmative Action.

The designated person in the company for issues concerning Equal Employment Opportunity/ Affirmative Action is Vice President, Human Resources.

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: ☐ Yes ☒ No SUBCONTRACTOR NAME:

TAXPAYER ID NAME: ESYSTEMS, INC. IS THIS FOR: ☐ Goods? ☒ Services? ☐ Both?

YOUR LAST NAME: MUKHERJI FIRST NAME: ASHISH M.I.:

ADDRESS: 4250 IS HWY 1, STE 105

CITY: MONMOUTH JUNCTION STATE: NJ ZIP CODE: 08852 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 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 PRESIDENT & CEO Date 06/16/2026

Vendor Contact Person ASHISH MUKHERJI Title PRESIDENT & CEO Phone No. 06/16/2026

Agency use only

Agency Number _____ Agency Name _____ Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____