



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING
CONTRACT RENEWAL

AMENDMENT NO.: 002
CONTRACT NO.: C314063001
TITLE: Trash Collection Services - ERDCC
ISSUE DATE: 09/11/15

REQ NO.: NR 931 YYY16708020
BUYER: Molly Hurt
PHONE NO.: (573) 751-8900
E-MAIL: molly.hurt@oa.mo.gov

TO: WASTE MANAGEMENT OF MISSOURI INC
7320 HALL ST
SAINT LOUIS MO 63147-2606

RETURN AMENDMENT BY NO LATER THAN: 09/25/15 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING AND MATERIALS MANAGEMENT (DPMM)
BY E-MAIL, FAX, OR MAIL/COURIER:

| | |
|---------------------|---------------------------------------------------------------------------|
| SCAN AND E-MAIL TO: | molly.hurt@oa.mo.gov |
| FAX TO: | (573) 526-9816 |
| MAIL TO: | PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809 |
| COURIER/DELIVER TO: | PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517 |

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Department of Corrections
Easter Reception Diagnostic and Correctional Center
2727 Hwy K
Bonne Terre MO 63628

SIGNATURE REQUIRED

| | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| DOING BUSINESS AS (DBA) NAME <i>Waste Management of MO Inc.</i> | LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO. <i>Waste Management of MO Inc.</i> |
| MAILING ADDRESS <i>7320 Hall Street</i> | IRS FORM 1099 MAILING ADDRESS <i>7320 Hall Street</i> |
| CITY, STATE, ZIP CODE <i>St Louis MO 63147</i> | CITY, STATE, ZIP CODE <i>St. Louis MO 63147</i> |

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--|
| CONTACT PERSON <i>Steve Vogel</i> | | EMAIL ADDRESS <i>svogel@wm.com</i> | |
| PHONE NUMBER <i>636 548 7928</i> | | FAX NUMBER <i>NA</i> | |
| TAXPAYER ID NUMBER (TIN) <i>43-0</i> | TAXPAYER ID (TIN) TYPE (CHECK ONE) <input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN | VENDOR NUMBER (IF KNOWN) <i>4309923670 K</i> | |
| VENDOR FAX FILING TYPE WITH IRS (CHECK ONE) <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt | | | |
| AUTHORIZED SIGNATURE <i>Stephen P. Vogel</i> | | DATE <i>10/1/2015</i> | |
| PRINTED NAME <i>Stephen P. Vogel</i> | | TITLE <i>Account Manager</i> | |

AMENDMENT #002 TO CONTRACT C314063001

CONTRACT TITLE: Trash Collection Services - ERDCC

CONTRACT PERIOD: February 1, 2016 through January 31, 2017

The State of Missouri hereby exercises its option to renew the above-referenced contract.

The contractor shall indicate on the attached pricing page(s) the firm fixed prices for the above contract period. Any price increases quoted must not exceed the maximum price stated in the contract.

The contractor shall understand and agree if the contractor responds with any renewal period pricing increase, such increase may result in a justification request or in the state conducting a new procurement process rather than accepting the contractor's proposed renewal option pricing.

All other terms, conditions and provisions of the contract shall remain and apply hereto.

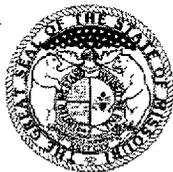
The contractor shall sign and return this document, along with completed pricing, on or before the date indicated.

NOTE: The contractor's failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.

PRICING PAGE

Trash Collection Services:

| Line Item | Trash Collection Service | Second Renewal Period <i>Firm, Fixed Price</i> |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <u>TRASH RECEPTACLES (Rental Charges):</u> | | |
| 001 | One (1), ten (10) cubic-yard open top receptacle Location: Maintenance area, <u>outside the security perimeter</u> | \$ <u>0</u> <i>Per month</i> |
| 002 | One (1), thirty (30) cubic-yard self-contained top load trash compactor receptacle Location: Connected to an exterior loading dock at the warehouse location, <u>outside the security perimeter</u> | \$ <u>100⁰⁰</u> <i>Per month</i> |
| 003 | One (1), thirty (30) cubic-yard self-contained top load trash compactor Location: Connected to an exterior loading dock at the food service location, <u>inside the security perimeter</u> | \$ <u>250⁰⁰</u> <i>Per month</i> |
| <u>SCHEDULED TRASH COLLECTION SERVICES</u> | | |
| 004 | Trash Collection services for one (1), ten (10) cubic-yard open top receptacle one (1) time per week Location: Maintenance area, <u>outside the security perimeter</u> | \$ <u>740⁰⁰</u> <i>Per month</i> ^{\$185 per haul} |
| 005 | Trash Collection services for one (1), thirty (30) cubic-yard self-contained top load trash compactor receptacle, three (3) times per week Location: Connected to an exterior loading dock at the food service location, <u>inside the security perimeter</u> | \$ <u>4800⁰⁰</u> <i>Per month</i> ^{\$400 per haul} |
| <u>UNSCHEDULED TRASH COLLECTION SERVICES</u> | | |
| 006 | Per unscheduled collection of one (1), ten (10) cubic-yard open top receptacle Location: Maintenance area, <u>outside the security perimeter</u> | \$ <u>185⁰⁰</u> <i>Per collection</i> |
| 007 | Per unscheduled collection of one (1), thirty (30) cubic-yard self-contained top load trash compactor receptacle Location: Connected to an exterior loading dock at the warehouse location, <u>outside the security perimeter</u> | \$ <u>400⁰⁰</u> <i>Per collection</i> |
| 008 | Per unscheduled collection of one (1), thirty (30) cubic-yard top load trash compactor receptacle Location: Connected to an exterior loading dock at the food service location, <u>inside the security perimeter</u> | \$ <u>400⁰⁰</u> <i>Per collection</i> |



NOTICE OF CONTRACT AMENDMENT

State Of Missouri
Office Of Administration
Division Of Purchasing And Materials Management
PO Box 809
Jefferson City, MO 65102-0809
<http://content.oa.mo.gov/purchasing-materials-management>

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CONTRACT NUMBER C314063001 | CONTRACT TITLE Trash Collection Services – ERDCC |
| AMENDMENT NUMBER Amendment #001 | CONTRACT PERIOD February 1, 2015 through January 31, 2016 |
| REQUISITION NUMBER NR 931 YYY15708031 | VENDOR NUMBER 4309923670 K |
| CONTRACTOR NAME AND ADDRESS WASTE MANAGEMENT OF MISSOURI INC 7320 HALL ST SAINT LOUIS MO 63147-2606 | STATE AGENCY'S NAME AND ADDRESS Department of Corrections Eastern Reception Diagnostic and Correctional Center 2727 Hwy K Bonne Terre MO 63628 |
| ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS: Contract C314063001 is hereby amended pursuant to the attached Amendment #001 dated September 26, 2014. | |
| BUYER Leslie Kemna | BUYER CONTACT INFORMATION Email: leslie.kemna@oa.mo.gov Phone: (573) 751-4887 Fax: (573) 526-9816 |
| SIGNATURE OF BUYER | DATE October 3, 2014 |
| DIRECTOR OF PURCHASING AND MATERIALS MANAGEMENT Karen S. Boeger | |



STATE OF MISSOURI
 OFFICE OF ADMINISTRATION
 DIVISION OF PURCHASING AND MATERIALS MANAGEMENT (DPMM)
 CONTRACT RENEWAL

AMENDMENT NO.: 001
 CONTRACT NO.: C314063001
 TITLE: Trash Collection Services - ERDCC
 ISSUE DATE: 09/24/14

REQ NO.: NR 931 YYY15708031
 BUYER: Leslie Kemna
 PHONE NO.: (573) 751-4887
 E-MAIL: leslie.kemna@oa.mo.gov

TO: WASTE MANAGEMENT OF MISSOURI INC
 7320 HALL ST
 SAINT LOUIS MO 63147-2606

RETURN AMENDMENT BY NO LATER THAN: 10/07/14 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING AND MATERIALS MANAGEMENT (DPMM)
 BY E-MAIL, FAX, OR MAIL/COURIER:

| | |
|---------------------|---------------------------------------------------------------------|
| SCAN AND E-MAIL TO: | leslie.kemna@oa.mo.gov |
| FAX TO: | (573) 526-9816 |
| MAIL TO: | DPMM, P.O. Box 809, Jefferson City, Mo 65102-0809 |
| COURIER/DELIVER TO: | DPMM, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517 |

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Department of Corrections
 Easter Reception Diagnostic and Correctional Center
 2727 Hwy K
 Bonne Terre MO 63628

SIGNATURE REQUIRED

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--|
| DOING BUSINESS AS (DBA) NAME Waste Management of Mo. Inc. | | LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO. Waste Management of Mo. Inc. | |
| MAILING ADDRESS 7320 Hall St. | | IRS FORM 1099 MAILING ADDRESS 7320 Hall St. | |
| CITY, STATE, ZIP CODE St. Louis, Mo. 63147 | | CITY, STATE, ZIP CODE St. Louis, Mo. 63147 | |
| CONTACT PERSON Mike InLow | | EMAIL ADDRESS minlow@wm.com | |
| PHONE NUMBER 314-704-2783 | | FAX NUMBER 877-466-7507 | |
| TAXPAYER ID NUMBER (TIN) 43-0 | TAXPAYER ID (TIN) TYPE (CHECK ONE) <input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN | VENDOR NUMBER (IF KNOWN) 4309923670 K | |
| VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt | | | |
| AUTHORIZED SIGNATURE | | DATE 09/26/2014 | |
| PRINTED NAME Mike InLow | | TITLE Account Manager | |

AMENDMENT #001 TO CONTRACT C314063001

CONTRACT TITLE: Trash Collection Services - ERDCC

CONTRACT PERIOD: February 1, 2015 through January 31, 2016

The State of Missouri hereby exercises its option to renew the above-referenced contract.

The contractor shall indicate on the attached pricing page(s) the firm fixed prices for the above contract period. Any price increases quoted must not exceed the maximum price stated in the contract.

The contractor shall understand and agree if the contractor responds with any renewal period pricing increase, such increase may result in a justification request or in the state conducting a new procurement process rather than accepting the contractor's proposed renewal option pricing.

All other terms, conditions and provisions of the contract shall remain and apply hereto.

The contractor shall sign and return this document, along with completed pricing, on or before the date indicated.

NOTE: The contractor's failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.

PRICING PAGE

Trash Collection Services:

| Line Item | Trash Collection Service | First Renewal Period <i>Firm, Fixed Price</i> |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <u>TRASH RECEPTACLES (Rental Charges):</u> | | |
| 001 | One (1), ten (10) cubic-yard open top receptacle Location: Maintenance area, <u>outside the security perimeter</u> | \$ <u>0</u> <i>Per month</i> |
| 002 | One (1), thirty (30) cubic-yard self-contained top load trash compactor receptacle Location: Connected to an exterior loading dock at the warehouse location, <u>outside the security perimeter</u> | \$ <u>100⁰⁰</u> <i>Per month</i> |
| 003 | One (1), thirty (30) cubic-yard self-contained top load trash compactor Location: Connected to an exterior loading dock at the food service location, <u>inside the security perimeter</u> | \$ <u>250⁰⁰</u> <i>Per month</i> |
| <u>SCHEDULED TRASH COLLECTION SERVICES</u> | | |
| 004 | Trash Collection services for one (1), ten (10) cubic-yard open top receptacle one (1) time per week Location: Maintenance area, <u>outside the security perimeter</u> | \$ <u>740⁰⁰</u> <i>Per month</i> |
| 005 | Trash Collection services for one (1), thirty (30) cubic-yard self-contained top load trash compactor receptacle, three (3) times per week Location: Connected to an exterior loading dock at the food service location, <u>inside the security perimeter</u> | \$ <u>3900⁰⁰</u> <i>Per month</i> |
| <u>UNSCHEDULED TRASH COLLECTION SERVICES</u> | | |
| 006 | Per unscheduled collection of one (1), ten (10) cubic-yard open top receptacle Location: Maintenance area, <u>outside the security perimeter</u> | \$ <u>185⁰⁰</u> <i>Per collection</i> |
| 007 | Per unscheduled collection of one (1), thirty (30) cubic-yard self-contained top load trash compactor receptacle Location: Connected to an exterior loading dock at the warehouse location, <u>outside the security perimeter</u> | \$ <u>325⁰⁰</u> <i>Per collection</i> |
| 008 | Per unscheduled collection of one (1), thirty (30) cubic-yard top load trash compactor receptacle Location: Connected to an exterior loading dock at the food service location, <u>inside the security perimeter</u> | \$ <u>325⁰⁰</u> <i>Per collection</i> |



State of Missouri

OFFICE OF ADMINISTRATION

Division of Purchasing and Materials Management

Contract Amendment Documentation

The following documentation consists of additional contract amendment documentation. The additional contract amendment documentation is not a part of the official contract amendment, but provides supporting information for the official contract amendment.

Kemna, Leslie

From: Kemna, Leslie
Sent: Thursday, September 25, 2014 3:52 PM
To: 'Inlow, Michael'
Subject: Renewal of Contract C314063001: Trash Collection Services-ERDCC
Attachments: C314063001-001 Renewal.docx

The Division of Purchasing and Materials Management is in receipt of your signed Amendment #001 for the renewal of Contract C314063001 for Trash Collection Services-ERDCC.

It was noticed that you proposed an increase amount for the renewal period. The contractor shall understand and agree that any renewal period pricing increase request may result in the state conducting a new procurement for the services. Therefore, before determining the appropriate action, we are requesting that you review your prices and give consideration to a reduction in the prices submitted for the renewal of Contract C314063001. If a reduction is not provided, please submit documentation supporting the increase requested.

Please respond to this email by no later than Tuesday, October 7, 2014.

Thank you for your consideration and feel free to contact me with any questions.

Sincerely,

Leslie Kemna, CPPB

Buyer III

Office of Administration
Division of Purchasing and Materials Management
Harry S. Truman State Office Building
301 West High Street, Room 630
Jefferson City, MO 65102

☎ : 573-751-4887

☎ : 573-526-9816

Leslie.Kemna@oa.mo.gov

www.oa.mo.gov/purch



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING AND MATERIALS MANAGEMENT (DPMM)
CONTRACT RENEWAL

AMENDMENT NO.: 001
CONTRACT NO.: C314063001
TITLE: Trash Collection Services - ERDCC
ISSUE DATE: 09/24/14

REQ NO.: NR 931 YYY15708031
BUYER: Leslie Kemna
PHONE NO.: (573) 751-4887
E-MAIL: leslie.kemna@oa.mo.gov

See
Amendment
#001 dated
9/26/14

TO: WASTE MANAGEMENT OF MISSOURI INC
7320 HALL ST
SAINT LOUIS MO 63147-2606

RETURN AMENDMENT BY NO LATER THAN: 10/07/14 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING AND MATERIALS MANAGEMENT (DPMM)
BY E-MAIL, FAX, OR MAIL/COURIER:

| | |
|---------------------|---------------------------------------------------------------------|
| SCAN AND E-MAIL TO: | leslie.kemna@oa.mo.gov |
| FAX TO: | (573) 526-9816 |
| MAIL TO: | DPMM, P.O. Box 809, Jefferson City, Mo 65102-0809 |
| COURIER/DELIVER TO: | DPMM, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517 |

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Department of Corrections
Easter Reception Diagnostic and Correctional Center
2727 Hwy K
Bonne Terre MO 63628

SIGNATURE REQUIRED

| |
|--------------------------------------------------------------|
| DOING BUSINESS AS (DBA) NAME Waste Management of Mo. Inc. |
| MAILING ADDRESS 7320 Hall St. |
| CITY, STATE, ZIP CODE St Louis Mo. 63147 |

| |
|----------------------------------------------------------------------------------------------------|
| LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO. Waste Management of Mo. Inc. |
| IRS FORM 1099 MAILING ADDRESS 7320 Hall St. |
| CITY, STATE, ZIP CODE St Louis, Mo. 63147 |

| |
|------------------------------|
| CONTACT PERSON Mike InLow |
| PHONE NUMBER 314-704-2783 |

| |
|--------------------------------|
| EMAIL ADDRESS minlow@wm.com |
| FAX NUMBER 877-466-7507 |

| |
|----------------------------------|
| TAXPAYER ID NUMBER (TIN) 43-0 |
|----------------------------------|

| |
|-------------------------------------------------------------------------------------------------------------|
| TAXPAYER ID (TIN) TYPE (CHECK ONE) <input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN |
|-------------------------------------------------------------------------------------------------------------|

| |
|------------------------------------------|
| VENDOR NUMBER (IF KNOWN) 4309923670 K |
|------------------------------------------|

| |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| |
|----------------------------|
| AUTHORIZED SIGNATURE |
| PRINTED NAME Mike InLow |

| |
|--------------------------|
| DATE 09/25/2014 |
| TITLE Account Manager |

AMENDMENT #001 TO CONTRACT C314063001

CONTRACT TITLE: Trash Collection Services - ERDCC

CONTRACT PERIOD: February 1, 2015 through January 31, 2016

See Amendment
#001 dated
9/26/14
JK

The State of Missouri hereby exercises its option to renew the above-referenced contract.

The contractor shall indicate on the attached pricing page(s) the firm fixed prices for the above contract period. Any price increases quoted must not exceed the maximum price stated in the contract.

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PRICING PAGE

See Amendment #001 dated 9/26/14

Trash Collection Services:

| Line Item | Trash Collection Service | First Renewal Period <i>Firm, Fixed Price</i> |
|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| TRASH RECEPTACLES (Rental Charges): | | |
| 001 | One (1), ten (10) cubic-yard open top receptacle Location: Maintenance area, <u>outside the security perimeter</u> | \$ <u>0</u> Per month |
| 002 | One (1), thirty (30) cubic-yard self-contained top load trash compactor receptacle Location: Connected to an exterior loading dock at the warehouse location, <u>outside the security perimeter</u> | \$ <u>50⁰⁰</u> Per month |
| 003 | One (1), thirty (30) cubic-yard self-contained top load trash compactor Location: Connected to an exterior loading dock at the food service location, <u>inside the security perimeter</u> | \$ <u>250⁰⁰</u> Per month |
| SCHEDULED TRASH COLLECTION SERVICES | | |
| 004 | Trash Collection services for one (1), ten (10) cubic-yard open top receptacle one (1) time per week Location: Maintenance area, <u>outside the security perimeter</u> | \$ <u>762.20</u> Per month |
| 005 | Trash Collection services for one (1), thirty (30) cubic-yard self-contained top load trash compactor receptacle, three (3) times per week Location: Connected to an exterior loading dock at the food service location, <u>inside the security perimeter</u> | \$ <u>4017⁰⁰</u> Per month |
| UNSCHEDULED TRASH COLLECTION SERVICES | | |
| 006 | Per unscheduled collection of one (1), ten (10) cubic-yard open top receptacle Location: Maintenance area, <u>outside the security perimeter</u> | \$ <u>190⁵⁵</u> Per collection |
| 007 | Per unscheduled collection of one (1), thirty (30) cubic-yard self-contained top load trash compactor receptacle Location: Connected to an exterior loading dock at the warehouse location, <u>outside the security perimeter</u> | \$ <u>334⁷⁵</u> Per collection |
| 008 | Per unscheduled collection of one (1), thirty (30) cubic-yard top load trash compactor receptacle Location: Connected to an exterior loading dock at the food service location, <u>inside the security perimeter</u> | \$ <u>334⁷⁵</u> Per collection |

NR 931 YYY15708031

| | |
|------------------------------------------------------------------------|--------------------------------------------------|
| 1. Indicate Contract Amendment Type | |
| RENEWAL: <u>1</u> PERIOD OF <u>2</u> TOTAL | |
| <input type="checkbox"/> Renewal - % Increase | <input type="checkbox"/> Cost Savings |
| <input checked="" type="checkbox"/> Renewal - \$ Increase | <input checked="" type="checkbox"/> Cost Savings |
| <input type="checkbox"/> Renewal - W/O Increase | |
| <input type="checkbox"/> SFS Renewal - Prices In Original Contract | |
| <input type="checkbox"/> SFS Renewal - Prices Not in Original Contract | |
| EXTENSION PERIOD: | |
| <input type="checkbox"/> Extension - 30-Day | |
| <input type="checkbox"/> Termination | |
| <input type="checkbox"/> Extension - \$ Increase | <input type="checkbox"/> Cost Savings |
| <input type="checkbox"/> Extension - W/O Increase | |
| <input type="checkbox"/> Assignment | |
| <input type="checkbox"/> Cancellation/Termination | |
| <input type="checkbox"/> Other Amendment | |

Performance Security Deposit: \$ _____

Surety Bond: \$ _____

Annual Wage Order Number: _____

Annual Wage Order Date: _____

County(ies): _____

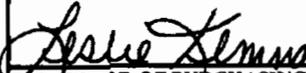
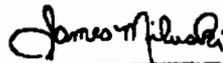
Other Instructions: _____

| 2. | Tasks | Route | Initial | Date |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------|---------------|
| Preliminary Tasks/Verifications | | | | |
| A. | Section 34.040.6, RSMo | Buyer/Section Support | OT | 9-24-14 |
| B. | DPMM Suspension List | Buyer/Section Support | OT | 9-24-14 |
| C. | Federal Suspension - SAM.GOV | Buyer/Section Support | OT | 9-24-14 |
| D. | Labor Stds - OA/FMDC Contractor Debarment Lists | Buyer/Section Support | | |
| E. | Review of Participation Commitment Attainment - If app, Verify Receipt of 1 st Renewal - Blind/Shel Wkshp Affdvt | Buyer | | |
| F. | SFS Review/Justification - Insert Advertising Date, if applicable | Buyer | | |
| 3. | Prepare Contract Amendment | Buyer/Section Support | OT | 9/24/14 |
| 4. | Review/Approve Contract Amendment (If Signature Required) | Buyer | HK | 9/24 |
| | Initial Date | Supervisor | Section Manager | Asst Director |
| 5. | E-Mail/Fax Contract Amendment (If Signature Required) | Buyer/Section Support | OT | 9/24/14 |
| | Contractor E-Mail Address/Fax Number | minlow@wm.com | | |
| | State Agency Contact E-Mail Address | John Hall Clare Perry | | |
| | Section 34.040.6, RSMo, Letter | Follow-Up Notes: | | |
| 6. Review Contract Amendment Response - Verifications | | | | |
| A. | Renewal/Extension Pricing | Buyer/Section Support | HK | 9/26 |
| B. | Section 34.040.6, RSMo | Buyer/Section Support | HK | 9/26 |
| C. | Performance Security Deposit/Surety Bond | Buyer/Section Support | | |
| D. | Renewal/Extension with Cost Savings Language | Buyer | | |
| E. | Statewide Notice | Buyer | | |
| F. | SFS Authorized Limit \$ | Buyer | | |
| G. | Contract Assignment Only Verifications - Complete unless completed in Step 2 above. | | | |
| | 1. E-Verify Exhibit/Affidavit/Documentation | Buyer/Section Support | | |
| | 2. Assignment and Consent Form | Buyer/Section Support | | |
| | 3. DPMM Suspension List | Buyer/Section Support | | |
| | 4. Federal Suspension - SAM.GOV | Buyer/Section Support | | |
| | 5. Labor Stds - OA/FMDC Contractor Debarment Lists | Buyer/Section Support | | |
| 7. | Prepare Contract Amendment Award Document/Statewide Notice | Buyer/Section Support | HK | 9/26 |
| 8. | Review/Approve Contract Amendment Award Document | Buyer | HK | 9/26 10/3 |
| | Initial Date | Supervisor | Section Manager | Asst Director |
| 9. | Process Contract Amendment | Buyer/Section Support | OT | 10-9-14 |
| | AM 300 PMM 00065867 ml | Buyer/Section Support | OT | 10-9-14 |
| | Distribute E-Verify & SDV Documents | Buyer/Section Support | | |
| | E-Mail/Fax NOA to Contractor/Assignee & Agency Contact | Buyer/Section Support | OT | 10-9-14 |
| | Copy/Save As Statewide Notice to Internet Folder | Buyer/Section Support | | |
| 10. | Log Participation Commitment Information | Central Support-Participation | | |
| 11. | Image Contract Amendment Packet | Central Support-Imaging | | 10-22 |



NOTICE OF AWARD

State Of Missouri
Office Of Administration
Division Of Purchasing And Materials Management
PO Box 809
Jefferson City, MO 65102-0809
<http://www.oa.mo.gov/purch>

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SOLICITATION NUMBER B3Z14063 | CONTRACT TITLE Trash Collection Services – ERDCC |
| CONTRACT NUMBER C314063001 | CONTRACT PERIOD February 1, 2014 through January 31, 2015 |
| REQUISITION NUMBER NR 931 YYY14709064 | VENDOR NUMBER 4309923670 K |
| CONTRACTOR NAME AND ADDRESS WASTE MANAGEMENT OF MISSOURI INC 7320 HALL ST SAINT LOUIS MO 63147-2606 | STATE AGENCY'S NAME AND ADDRESS Department of Corrections Easter Reception Diagnostic and Correctional Center 2727 Hwy K Bonne Terre MO 63628 |
| ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS: The proposal submitted by Waste Management of Missouri Inc. in response to B3Z14063 is accepted in its entirety. | |
| BUYER Leslie Kemna | BUYER CONTACT INFORMATION Email: leslie.kemna@oa.mo.gov Phone: (573) 751-4887 Fax: (573) 526-9816 |
| SIGNATURE OF BUYER  DIRECTOR OF PURCHASING AND MATERIALS MANAGEMENT | DATE January 2, 2014 |
|  James Miluski | |



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING AND MATERIALS MANAGEMENT (DPMM)
REQUEST FOR PROPOSAL (RFP)

"Original"

RFP NO.: B3Z14063
TITLE: Trash Collection Services - ERDCC
ISSUE DATE: October 25, 2013

REQ NO.: NR 931 YYY14709064
BUYER: Leslie Kemna
PHONE NO.: (573) 751-4887
E-MAIL: leslie.kemna@oa.mo.gov

RETURN PROPOSAL NO LATER THAN: November 21, 2013 AT 2:00 PM CENTRAL TIME

MAILING INSTRUCTIONS: Print or type RFP Number and Return Due Date on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in DPMM office (301 W High Street, Room 630) by the return date and time.

RETURN PROPOSAL TO: (U.S. Mail) DPMM PO BOX 809 JEFFERSON CITY MO 65102-0809 or (Courier Service) DPMM 301 WEST HIGH STREET, RM 630 JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract through One Year

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Department of Corrections
Eastern Receptions Diagnostic and Correctional Center
2727 Hwy K
Bonne Terre Mo 63628

The offeror hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions Request for Proposal (Revised 12/27/12). The offeror further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The offeror further agrees that upon receipt of an authorized purchase order from the Division of Purchasing and Materials Management or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the offeror and the State of Missouri.

SIGNATURE REQUIRED

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--|
| DOING BUSINESS AS (DBA) NAME Waste Management of Mo. Inc | | LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO. Waste Management of Mo. Inc | |
| MAILING ADDRESS 7320 Hall St. | | IRS FORM 1099 MAILING ADDRESS 7320 Hall St. | |
| CITY, STATE, ZIP CODE St. Louis, Mo 63147 | | CITY, STATE, ZIP CODE St. Louis, Mo. 63147 | |
| CONTACT PERSON Mike Inlow | | EMAIL ADDRESS minlow@wm.com | |
| PHONE NUMBER 314-704-2783 | | FAX NUMBER 877-466-7507 | |
| TAXPAYER ID NUMBER (TIN) 43-0 | TAXPAYER ID (TIN) TYPE (CHECK ONE) <input checked="" type="checkbox"/> BEIN <input type="checkbox"/> SSN | VENDOR NUMBER (IF KNOWN) 4309923670K | |
| VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt | | | |
| AUTHORIZED SIGNATURE Mike Inlow | | DATE 11-20-2013 | |
| PRINTED NAME Mike Inlow | | TITLE Account Manager | |

4. **PRICING PAGE**

4.1 **Trash Collection Services** – The offeror shall provide a firm, fixed price for each of the following for the original contract period and a maximum price for each potential renewal period for providing the services in accordance with the provisions and requirements of this RFP. All costs associated with providing the required services shall be included in the stated price(s).

| Line Item | Trash Collection Service | Original Contract Period Firm, Fixed Price | First Renewal Period Maximum Price | Second Renewal Period Maximum Price |
|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------|----------------------------------------------|
| TRASH RECEPTACLES (Rental Charges): | | | | |
| 001 | One (1), ten (10) cubic-yard open top receptacle Location: Maintenance area, <u>outside the security perimeter</u> | \$ <u>0</u> Per month | \$ <u>0</u> Per month | \$ <u>0</u> Per month |
| 002 | One (1), thirty (30) cubic-yard self-contained top load trash compactor receptacle Location: Connected to an exterior loading dock at the warehouse location, <u>outside the security perimeter</u> | \$ <u>100⁰⁰</u> Per month | \$ <u>50⁰⁰</u> Per month | \$ <u>50⁰⁰</u> Per month |
| 003 | One (1), thirty (30) cubic-yard self-contained top load trash compactor Location: Connected to an exterior loading dock at the food service location, <u>inside the security perimeter</u> | \$ <u>250⁰⁰</u> Per month | \$ <u>250⁰⁰</u> Per month | \$ <u>250⁰⁰</u> Per month |
| SCHEDULED TRASH COLLECTION SERVICES | | | | |
| 004 | Trash Collection services for one (1), ten (10) cubic-yard open top receptacle one (1) time per week Location: Maintenance area, <u>outside the security perimeter</u> | \$ <u>740⁰⁰</u> Per month | \$ <u>762.20</u> Per month | \$ <u>785.07</u> Per month |
| 005 | Trash Collection services for one (1), thirty (30) cubic-yard self-contained top load trash compactor receptacle, three (3) times per week Location: Connected to an exterior loading dock at the food service location, <u>inside the security perimeter</u> | \$ <u>3900⁰⁰</u> Per month | \$ <u>4017⁰⁰</u> Per month | \$ <u>4137⁵¹</u> Per month |
| UNSCHEDULED TRASH COLLECTION SERVICES | | | | |
| 006 | Per unscheduled collection of one (1), ten (10) cubic-yard open top receptacle Location: Maintenance area, <u>outside the security perimeter</u> | \$ <u>185⁰⁰</u> Per collection | \$ <u>190⁵⁵</u> Per collection | \$ <u>196²²</u> Per collection |
| 007 | Per unscheduled collection of one (1), thirty (30) cubic-yard self-contained top load trash compactor receptacle Location: Connected to an exterior loading dock at the warehouse location, <u>outside the security perimeter</u> | \$ <u>325⁰⁰</u> Per collection | \$ <u>334⁷⁵</u> Per collection | \$ <u>344⁸⁰</u> Per collection |
| 008 | Per unscheduled collection of one (1), thirty (30) cubic-yard top load trash compactor receptacle Location: Connected to an exterior loading dock at the food service location, <u>inside the security perimeter</u> | \$ <u>325⁰⁰</u> Per collection | \$ <u>334⁷⁵</u> Per collection | \$ <u>344⁸⁰</u> Per collection |

EXHIBIT A

CURRENT/PRIOR EXPERIENCE VERIFICATION

The offeror should copy and complete this form documenting the offeror and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the offeror is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

| Offeror Name or Subcontractor Name: <u>Waste Management of Mo., Inc</u> | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Experience/Service Information Verification (Current/Prior Services Performed For) | |
| Name of Company/Client: | <u>Glaxo Smith Kline</u> |
| Address of Company/Client <input checked="" type="checkbox"/> Street Address <input checked="" type="checkbox"/> City, State, Zip | <u>320 South Broadway St. Louis, Mo. 63102</u> |
| Company/Client Contact Person Information: <input checked="" type="checkbox"/> Name <input checked="" type="checkbox"/> Phone # <input checked="" type="checkbox"/> E-mail Address | <u>Scott Brody 314-613-3323 OR 314-210-4412 Scott.Brody@sodexo.com</u> |
| Dates of Services: | <u>2005 to Present</u> |
| If service/contract has terminated, specify reason: | <u>n/a</u> |
| Dollar Value of Services | <u>\$6000/year</u> |
| Description of Services Performed | <u>Recycling, trash services, equipment lease</u> |

EXHIBIT B

MISCELLANEOUS INFORMATION

Familiarity with ERDCC - If the offeror did not attend the scheduled tour, the offeror should provide relevant information regarding the offeror's knowledge of ERDCC and any existing conditions and factors of ERDCC that may affect the performance of the required services.

Waste Management currently handles the trash services at ERDCC. Waste Management is now aware of how many times we haul, the average tons and the time it takes to enter ^{exit}

Department of Natural Resources, Landfill Operating Permit Number - State Permit number for each proposed Solid Waste Processing Facility.

| Facility, Name & Location | Permit Number |
|-------------------------------------|---------------|
| 1. Cottonwood Landfill | 409904 |
| * 10400 Hills Town Rd., Marissa, IL | |
| 3. | |

Deodorizing/Disinfecting - Check the method that will be used to deodorize and disinfect the receptacle.

On Site Deodorizing/Disinfecting, or
 Actual Replacement of Receptacle

Personnel - Provide a list of personnel who will be providing trash collection services at the state agency:

| Name of Employee |
|---------------------------------------------|
| 1. Sheldon Grathorton, Lindell Miley |
| 2. Dave Johnson, Edward Siegel, Gene Harris |
| 3. Chris Barton, Steve Karmok |
| 4. Jerry Burton, Carl Finder |

EXHIBIT B, continued

Outside United States

If any products and/or services offered under this RFP are being manufactured or performed at sites outside the United States, the offeror **MUST** disclose such fact and provide details in the space below or on an attached page.

| | | |
|--------------------------------------------------------------------------------------------------|-----------------|-----------------|
| Are products and/or services being manufactured or performed at sites outside the United States? | Yes <u> </u> | No <u> X </u> |
| Describe and provide details: | | |

Employee/Conflict of Interest:

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Offerors who are elected or appointed officials or employees of the State of Missouri or any political subdivision thereof, serving in an executive or administrative capacity, must comply with sections 105.450 to 105.458, RSMo, regarding conflict of interest. If the offeror or any owner of the offeror's organization is currently an elected or appointed official or an employee of the State of Missouri or any political subdivision thereof, please provide the following information: | |
| Name and title of elected or appointed official or employee of the State of Missouri or any political subdivision thereof: | |
| If employee of the State of Missouri or political subdivision thereof, provide name of state agency or political subdivision where employed: | N/A |
| Percentage of ownership interest in offeror's organization held by elected or appointed official or employee of the State of Missouri or political subdivision thereof: | <u> </u> % |

EXHIBIT C
BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION,
AND AFFIDAVIT OF WORK AUTHORIZATION

BUSINESS ENTITY CERTIFICATION:

The offeror must certify their current business status by completing either Box A or Box B or Box C on this Exhibit.

- | | |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BOX A: | To be completed by a non-business entity as defined below. |
| BOX B: | To be completed by a business entity who has not yet completed and submitted documentation pertaining to the federal work authorization program as described at http://www.dhs.gov/files/programs/gc_1185221678150.shtm |
| BOX C: | To be completed by a business entity who has current work authorization documentation on file with a Missouri state agency including Division of Purchasing and Materials Management. |

Business entity, as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term "business entity" shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term "business entity" shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit. The term "business entity" shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

Note: Regarding governmental entities, business entity includes Missouri schools, Missouri universities (other than stated in Box C), out of state agencies, out of state schools, out of state universities, and political subdivisions. A business entity does not include Missouri state agencies and federal government entities.

BOX A - CURRENTLY NOT A BUSINESS ENTITY

I certify that N/A (Company/Individual Name) **DOES NOT CURRENTLY MEET** the definition of a business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above, because: (check the applicable business status that applies below)

- I am a self-employed individual with no employees; OR
- The company that I represent employs the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

I certify that I am not an alien unlawfully present in the United States and if _____ (Company/Individual Name) is awarded a contract for the services requested herein under _____ (RFP Number) and if the business status changes during the life of the contract to become a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo then, prior to the performance of any services as a business entity, _____ (Company/Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide the Division of Purchasing and Materials Management with all documentation required in Box B of this exhibit.

Authorized Representative's Name (Please Print)

Authorized Representative's Signature

Company Name (if applicable)

Date

EXHIBIT C, continued

Complete the following if you DO NOT have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box B, do not complete Box C.

BOX B - CURRENT BUSINESS ENTITY STATUS

I certify that Waste Management of Mo. Inc (Business Entity Name) MEETS the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530.

Mike Inlow
Authorized Business Entity Representative's Name (Please Print)

Mike Inlow
Authorized Business Entity Representative's Signature

Waste Management of Mo. Inc
Business Entity Name

11-20-2013
Date

Minlow@wm.com
E-Mail Address

As a business entity, the offeror must perform/provide each of the following. The offeror should check each to verify completion/submission of all of the following:

Enroll and participate in the E-Verify federal work authorization program (Website: http://www.dhs.gov/files/programs/gc_1185221678150.shtm; Phone: 888-464-4218; Email: e-verify@dhs.gov) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;

AND

Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include EITHER the E-Verify Employment Eligibility Verification page listing the offeror's name and company ID OR a page from the E-Verify Memorandum of Understanding (MOU) listing the offeror's name and the MOU signature page completed and signed, at minimum, by the offeror and the Department of Homeland Security - Verification Division. If the signature page of the MOU lists the offeror's name and company ID, then no additional pages of the MOU must be submitted;

AND

Submit a completed, notarized Affidavit of Work Authorization provided on the next page of this Exhibit.

EXHIBIT C, continued

AFFIDAVIT OF WORK AUTHORIZATION:

The offeror who meets the section 285.525, RSMo, definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now Mike D. Inlow (Name of Business Entity Authorized Representative) as Account Manager (Position/Title) first being duly sworn on my oath, affirm Waste Management (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that Waste Management (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)

| | |
|---------------------------------------------------------------|---------------------------------------------|
| <u>Mike D. Inlow</u> Authorized Representative's Signature | <u>Mike D. Inlow</u> Printed Name |
| <u>Account Manager</u> Title | <u>11-20-2013</u> Date |
| <u>Minlow@wm.com</u> E-Mail Address | <u>102444</u> E-Verify Company ID Number |

Subscribed and sworn to before me this 20th of November, 2013. I am
(DAY) (MONTH, YEAR)
commissioned as a notary public within the County of Boone, State of
(NAME OF COUNTY)
Missouri, and my commission expires on 3/25/2016.
(NAME OF STATE) (DATE)

Ch-pm 11-20-13
Signature of Notary Date

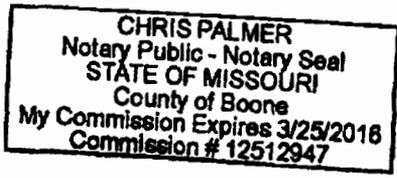


EXHIBIT C. continued

Complete the following if you have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box C, do not complete Box B!

BOX C - AFFIDAVIT ON FILE - CURRENT BUSINESS ENTITY STATUS

I certify that Waste Management (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo and have enrolled and currently participates in the E-Verify federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri. We have previously provided documentation to a Missouri state agency or public university that affirms enrollment and participation in the E-Verify federal work authorization program. The documentation that was previously provided included the following.

- ✓ The E-Verify Employment Eligibility Verification page OR a page from the E-Verify Memorandum of Understanding (MOU) listing the offeror's name and the MOU signature page completed and signed by the offeror and the Department of Homeland Security - Verification Division
- ✓ A current, notarized Affidavit of Work Authorization (must be completed, signed, and notarized within the past twelve months).

Name of Missouri State Agency or Public University* to Which Previous E-Verify Documentation Submitted: State of Mo. Dept. of Social Services

(*Public University includes the following five schools under chapter 34, RSMo: Harris-Stowe State University - St. Louis; Missouri Southern State University - Joplin; Missouri Western State University - St. Joseph; Northwest Missouri State University - Maryville; Southeast Missouri State University - Cape Girardeau.)

Date of Previous E-Verify Documentation Submission: 9/28/2011

Previous Proposal/Contract Number for Which Previous E-Verify Documentation Submitted: SS 11048 (if known)

Mike Inlow
Authorized Business Entity Representative's Name (Please Print)

Mike Inlow
Authorized Business Entity Representative's Signature

Waste Management of Mo. Inc
Business Entity Name

11-20-2013
Date

minlow@wm.com
E-Mail Address

102444
E-Verify MOU Company ID Number

FOR STATE OF MISSOURI USE ONLY

Documentation Verification Completed By:

[Signature]
Buyer

December 4, 2013
Date

EXHIBIT D
PARTICIPATION COMMITMENT

Organization for the Blind/Sheltered Workshop Participation Commitment – If the offeror is committing to participation by or if the offeror is a qualified organization for the blind/sheltered workshop, the offeror must provide the required information in the table below for the organization proposed and must submit the completed exhibit with the offeror's proposal.

| Organization for the Blind/Sheltered Workshop Commitment Table | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| By completing this table, the offeror commits to the use of the organization at the greater of \$5,000 or 2% of the actual total dollar value of contract | |
| (The services performed or the products provided by the listed Organization for the Blind/Sheltered Workshop must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.) | |
| Name of Organization for the Blind or Sheltered Workshop Proposed | Description of Products/Services to be Provided by Listed Organization for the Blind/Sheltered Workshop <i>The offeror should also include the paragraph number(s) from the RFP which requires the product/service the organization for the blind/sheltered workshop is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.</i> |
| 1. <i>N/A</i> | Product/Service(s) proposed: ----- RFP Paragraph References: |
| 2. | Product/Service(s) proposed: ----- RFP Paragraph References: |

EXHIBIT E

DOCUMENTATION OF INTENT TO PARTICIPATE

NIA

If the offeror is proposing to include the participation of an Organization for the Blind/Sheltered Workshop in the provision of the products/services required in the RFP, the offeror must either provide a recently dated letter of intent, signed and dated no earlier than the RFP issuance date, from each organization documenting the following information, or complete and provide this Exhibit with the offeror's proposal.

~ Copy This Form For Each Organization Proposed ~

Offeror Name: _____

This Section To Be Completed by Participating Organization:

By completing and signing this form, the undersigned hereby confirms the intent of the named participating organization to provide the products/services identified herein for the offeror identified above.

Indicate appropriate business classification(s):

_____ Organization for the Blind _____ Sheltered Workshop

Name of Organization: _____

(Name of Organization for the Blind or Sheltered Workshop)

Contact Name: _____ Email: _____

Address: _____ Phone #: _____

City: _____ Fax #: _____

State/Zip: _____ Certification # _____

(or attach copy of certification)

Certification Expiration Date: _____

Describe the products/services you (as the participating organization) have agreed to provide:

Authorized Signature:

*Authorized Signature of Participating Organization
(Organization for the Blind or Sheltered Workshop)*

*Date (Dated no
earlier than the RFP
issuance date)*

EXHIBIT F (continued)

N/A

MISSOURI SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE PREFERENCE

By signing below, I certify that I meet the definitions of a service-disabled veteran and a service-disabled veteran business enterprise as defined in section 34.074, RSMo. I further certify that I meet the standards of a qualifying SDVE as listed herein pursuant to 1 CSR 40-1.050.

Service-Disabled Veteran's Name
(Please Print)

Service-Disabled Veteran Business Enterprise Name

Service-Disabled Veteran's Signature

Missouri Address of Service-Disabled Veteran
Business Enterprise

Phone Number

Website Address

Date

E-Mail Address

The SDVE offeror should check the appropriate statement below and, if applicable, provide the requested information.

- No, I have not previously submitted the SDV documents specified herein to the DPMM and therefore have enclosed the SDV's documents.
- Yes, I previously submitted the SDV documents specified herein within the past five (5) years to the DPMM.

Date SDV Documents were Submitted: _____

Previous Proposal/Contract Number for Which the SDV Documents were Submitted:

(if applicable and known)

(NOTE: If the SDVE and SDV are listed on the DPMM SDVE database located at <http://content.oa.mo.gov/sites/default/files/sdvelisting.pdf>, then the SDV documents have been submitted to the DPMM within the past five [5] years. However, if it has been determined that an SDVE at any time no longer meets the requirements stated above, the DPMM will remove the SDVE and associated SDV from the database.)

| FOR STATE USE ONLY | |
|----------------------------------------------|---------------|
| SDV's Documents - Verification Completed By: | |
| _____ Buyer | _____ Date |

Waste Management of Mo. Inc
7326 Hall St.
Mike INLOW
St. Louis, Mo. 63147

DPMW
301 West High Street, Rm 630
Jefferson City, Mo. 65101-1517

PCUD HDU 2013 08 11:50 DA-DPMW

RFPNd: B3Z14063
Return Date: November 21, 2013