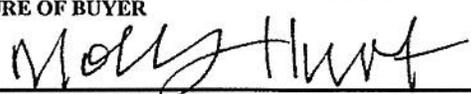
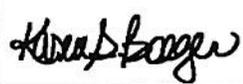




## NOTICE OF CONTRACT RENEWAL

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

<b>CONTRACT NUMBER</b> C316028001	<b>CONTRACT TITLE</b> Janitorial Services – Plaza Drive, Jefferson City
<b>AMENDMENT NUMBER</b> Amendment #001	<b>CONTRACT PERIOD</b> October 1, 2016 through September 30, 2017
<b>REQUISITION/REQUEST NUMBER</b> NR 314 332017LP079	<b>SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID</b> 4319317750 3/MB00097830
<b>CONTRACTOR NAME AND ADDRESS</b> MIDSTATE JANITORIAL 1022 NORTHEAST DRIVE SUITE E JEFFERSON CITY MO 65074-2513	<b>STATE AGENCY'S NAME AND ADDRESS</b> Division of Facilities Management, Design and Construction 301 W. High Street, Room 730 Jefferson City, MO 65101
<b>ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:</b>  The State of Missouri hereby exercises its option to renew the contract.  All other terms, conditions and provisions of the contract, including all prices, shall remain the same throughout the above contract period and apply hereto.  SIGNATURE OF CONTRACTOR IS NOT REQUIRED ON THIS DOCUMENT.	
<b>BUYER</b> Molly Hurt	<b>BUYER CONTACT INFORMATION</b> Email: <a href="mailto:molly.hurt@oa.mo.gov">molly.hurt@oa.mo.gov</a> Phone: (573) 751- 8900 Fax: (573) 526-9816
<b>SIGNATURE OF BUYER</b> 	<b>DATE</b> 8-2-16
<b>DIRECTOR OF PURCHASING</b>  Karen S. Boeger	



## NOTICE OF AWARD

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

<b>SOLICITATION NUMBER</b> B3Z16028	<b>CONTRACT TITLE</b> Janitorial Services – Plaza Drive, Jefferson City
<b>CONTRACT NUMBER</b> C316028001	<b>CONTRACT PERIOD</b> October 1, 2015 through September 30, 2016
<b>REQUISITION NUMBER</b> NR 314 332015RB053	<b>VENDOR NUMBER</b> 4319317750 3
<b>CONTRACTOR NAME AND ADDRESS</b> Midstate Janitorial 1022 Northeast Dr STE E Jefferson City, MO 65109	<b>STATE AGENCY'S NAME AND ADDRESS</b> Division of Facilities Management, Design and Construction 301 W. High Street, Room 730 Jefferson City, MO 65101
<b>ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:</b>  The proposal submitted by Midstate Janitorial in response to B3Z16028 is accepted in its entirety.	
<b>BUYER</b> Molly Hurt	<b>BUYER CONTACT INFORMATION</b> Email: Molly.Hurt@oa.mo.gov Phone: (573) 751-8900 Fax: (573) 526-9816
<b>SIGNATURE OF BUYER</b> <i>Molly Hurt</i>	<b>DATE</b> 9-30-15
<b>DIRECTOR OF PURCHASING</b> <i>Karen S. Boeger</i> Karen S. Boeger	



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

RFP NO.: B3Z16028  
TITLE: Janitorial Services – Plaza Drive, Jefferson City  
ISSUE DATE: 7/29/15

REQ NO.: NR 314 332015RB053  
BUYER: Molly Hurt  
PHONE NO.: (573) 751-8900  
E-MAIL: Molly.Hurt@oa.mo.gov

RETURN PROPOSAL NO LATER THAN: 8/21/15 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 or (Courier Service) DPMM  
PO BOX 809 301 WEST HIGH STREET, RM 630  
JEFFERSON CITY MO 65102-0809 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:	STATE AGENCY'S NAME AND ADDRESS:
2715, 2728, 2729 Plaza Drive and 117 Commerce Drive Jefferson City, MO	Division of Facilities Management, Design and Construction 301 W. High, Room 730 Jefferson City, MO 65101

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 <i>MIDSTATE JANITORIAL</i>		LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO. <i>THOMAS HURT GROUP LLC</i>	
MAILING ADDRESS <i>1022 WORTHINGTON DR SUITE E</i>		IRS FORM 1099 MAILING ADDRESS <i>1022 WORTHINGTON DR SUITE E</i>	
CITY, STATE, ZIP CODE <i>JEFFERSON CITY, MO 65109</i>		CITY, STATE, ZIP CODE <i>JEFFERSON CITY, MO 65109</i>	
CONTACT PERSON <i>MICHAEL S. THOMPSON</i>		EMAIL ADDRESS <i>dthompson@midstate1102.com</i>	
PHONE NUMBER <i>573-301-0443</i>		FAX NUMBER <i>573-635-1216</i>	
TAXPAYER ID NUMBER (TIN) <i>43-1931775</i>	TAXPAYER ID (TIN) TYPE (CHECK ONE) <input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN	VENDOR NUMBER (IF KNOWN) <i>43193177503</i>	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt			
AUTHORIZED SIGNATURE <i>[Signature]</i>		DATE <i>8/21/15</i>	
PRINTED NAME <i>MICHAEL S THOMPSON</i>		TITLE <i>OWNER</i>	

## 4. PRICING PAGE

- 4.1 **Janitorial Services** – The offeror shall provide a firm, fixed per square foot, per month price for the original contract period and a maximum per square foot, per month price for each potential renewal period for providing janitorial services at each of the buildings listed below, in accordance with the provisions and requirements specified herein. All costs associated with providing the Janitorial Services, excluding Supplemental Services, shall be included in the stated prices.

Line Item	Description <i>C/S Code: 91039</i>	Original Contract Period Firm, Fixed Price Per Square Foot, Per Month	First Renewal Period Maximum Price Per Square Foot, Per Month	Second Renewal Period Maximum Price Per Square Foot, Per Month
001	2729 Plaza Drive	\$ <u>.055</u>	\$ <u>.055</u>	\$ <u>.055</u>
002	2715 Plaza Drive	\$ <u>.055</u>	\$ <u>.055</u>	\$ <u>.055</u>
003	2728 Plaza Drive (Lower Level)	\$ <u>.055</u>	\$ <u>.055</u>	\$ <u>.055</u>
004	117 Commerce (Lower Level)	\$ <u>.055</u>	\$ <u>.055</u>	\$ <u>.055</u>

- 4.2 **Supplemental Service:** The offeror shall state a firm, fixed price for the original contract period and a maximum price for each potential renewal period for each of the following Supplemental Services provided in accordance with the provisions and requirements specified herein. In the event the offeror does not provide pricing on one or more of the line items below for supplemental services, it shall be interpreted and enforced as no charge (\$0) to the State of Missouri. All cost associated with providing the Supplemental Services shall be included in the stated prices.

Line Item	Description C/S Code: 91039	Original Contract Period Firm, Fixed Price	First Renewal Period Maximum Price	Second Renewal Period Maximum Price
005	Interior Window Cleaning and Other Interior Glass Surfaces	\$ <u>00</u> per linear foot	\$ <u>00</u> per linear foot	\$ <u>00</u> per linear foot
006	Exterior Window Cleaning	\$ <u>00</u> per linear foot	\$ <u>00</u> per linear foot	\$ <u>00</u> per linear foot
007	Hard Surface Floor Cleaning - Stripping and Refinishing	\$ <u>00</u> per square foot	\$ <u>00</u> per square foot	\$ <u>00</u> per square foot
008	Deep Carpet Cleaning and Water Extraction Services	\$ <u>00</u> per square foot	\$ <u>00</u> per square foot	\$ <u>00</u> per square foot
009	Brushing and Spot Cleaning of Fabric Furniture	\$ <u>00</u> per piece	\$ <u>00</u> per piece	\$ <u>00</u> per piece
010	Cleaning and Vacuuming of Cloth Cubicle Partitions	\$ <u>00</u> per partition	\$ <u>00</u> per partition	\$ <u>00</u> per partition
011	Final Clean-Up	\$ <u>00</u> per square foot	\$ <u>00</u> per square foot	\$ <u>00</u> per square foot
012	One time Construction Clean-up	\$ <u>00</u> per square foot	\$ <u>00</u> per square foot	\$ <u>00</u> per square foot
013	Ongoing Construction Clean-up	\$ <u>00</u> per square foot	\$ <u>00</u> per square foot	\$ <u>00</u> per square foot
014	Additional Personnel	\$ <u>15.00</u> per person, per hour	\$ <u>15.00</u> per person, per hour	\$ <u>15.00</u> per person, per hour
015	Additional Paper Towel Rolls	\$ <u>28.00</u> per case (minimum of 6 rolls per case)	\$ <u>28.00</u> per case (minimum of 6 rolls per case)	\$ <u>28.00</u> per case (minimum of 6 rolls per case)
016	Additional Tri-Fold Paper Towels	\$ <u>25.00</u> per case (minimum of 6 rolls per case)	\$ <u>25.00</u> per case (minimum of 6 rolls per case)	\$ <u>25.00</u> per case (minimum of 6 rolls per case)

**EXHIBITIT A**  
**B3Z16028**

**Provide a brief company history, including the founding date and number of years in business as currently constituted.**

- 1. Thompson Management Group llc was founded March 1<sup>st</sup> 2000. It has been in business since that time.**

**Describe the nature of the offeror's business, type of services performed etc. Identify the offeror's website, if any.**

- 1. We provide commercial cleaning for private, commercial and state agencies throughout the state of Missouri.**

**EXHIBIT A**

**OFFEROR INFORMATION**

The offeror should provide the following information about the offeror's organization:

- a. Provide a brief company history, including the founding date and number of years in business as currently constituted.
- b. The offeror should identify all of the buildings for which the offeror is currently or has provided janitorial services within the past three (3) years, the type of buildings, dates of the services provided, the total square footage of the area cleaned, and if Deep Carpet Cleaning and/or Hard Surface Floor Stripping and Refinishing was provided.

Building	Type of Building (e.g. Office Building, Warehouse, School)	Date of Services Provided	Square Footage	Deep Carpet Cleaning (Yes or No)	Hard Surface Floor Stripping and Refinishing (Yes or No)
<i>SEE ATTACHED SHEET</i>					

- c. List, identify, and provide reasons for each contract/client gained and lost in the past three (3) years.

**EXHIBIT B****CURRENT/PRIOR EXPERIENCE**

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.

<b>Offeror Name or Subcontractor Name:</b> _____	
<b>Reference Information (Current/Prior Services Performed For):</b>	
<b>Name and Address of Reference Company:</b>	SEE ATTACHED SHEET
<b>Name, Title, Telephone Number, and Email Address of Reference Contact Person:</b>	
<b>Dates of Service:</b>	
<b>If contract has terminated, specify reason:</b>	
<b>Annual Dollar Value of Services</b>	
<b>Description of the Building (e.g. office bldg, warehouse, doctor's office, etc.) and Number of People Occupying the Building</b>	
<b>Was the Offeror Responsible for providing paper products? If yes, what was the monthly volume of paper products provided by the offeror?</b>	
<b>Square Footage of the Building</b>	<b>Total Square Feet:</b> _____ <b>Square Feet of Carpeted Area:</b> _____ <b>Square Feet of Hard Surface Floors:</b> _____
<b>Description of Services Performed, Including</b> <ul style="list-style-type: none"> <li>• Whether the Offeror Provided the Cleaning Equipment/Supplies and Chemicals</li> <li>• Whether the Offeror Performed the Carpet Cleaning</li> <li>• Whether a Day Porter/Matron was Provided</li> </ul>	

\*NOTE: Offeror should provide at least three (3) different janitorial references for an office building similar to the buildings required herein.

NAME OF BUILDING (PRIVATE, STATE LEASE/OWNED)	LEAD TENANT CONTACT PERSON	DATE OF ORIGINAL CONTRACT	BUILDING SIZE	
2012	NAME	PHONE NUMBER	MONTH/DAY/YEAR	SQUARE FEET
Capital West Christian Church 1308 Fatgrounds Rd. Jefferson City, MO 65109	Ken Herland, Pastor	634-4336	May 12, 2002	36,000
Minist Street Christian Church 1009 McTrey St. Sidon, MO 65028	Loreta Humphreys, Secretary	382-4888	October 1, 2001	44,000
Riverway Baptist Church 968 Hwy 42 Osage Beach, MO 65065	Chuck Phillips, Cathy Degrafford, Pastor Secretary	348-3818	January 1, 2002	60,000
Russellville Baptist Church 6508 Simpson St. Russellville, MO 65074	Dorzi Webb, Loreta Mathiel, Pastor Secretary	733-3314	September 1, 2000	39,000
DOLLAR GENERAL DISTRIBUTION CENTER CARDINAL DRIVE PULTON, MO 65281	MONTE ENNES SHONA MATTHEWS FACILITY MGR SECRETARY	673-882-3000	May 28, 2015	1,000,000 247 FACILITY
AMERICAN LEGION 1428 TANNER BRIDGE ROAD JEFFERSON CITY, MO 65109				
Jefferson City Day Care 1002 Hyde Ave. Jefferson City, MO 65109	Dorina Schick, Mark Robbins, Director Assistant Director	635-4198 638-4481 638-7815	June 1, 2000	16,000
Concord Christian School 3213 Emerald Lane Jefferson City, MO 65109	Jamba Payne, Secretary	634-3983	September 1, 2007	12,000
NAME OF BUILDING	LEAD TENANT CONTACT PERSON	DATE OF ORIGINAL CONTRACT	BUILDING SIZE	
			2,800	

(PRIVATE, STATE LEASED/OWNED)	STATE LEASED	NAME	PHONE NUMBER	MONTH/DAY/YEAR	SQUARE FEET
	Department of Social Services 104 North Gerard Rd. California, MO 66018	Marsha DeKins, County Director	786-3186	March 11, 2007	2,000
	Dept of Health and Senior Services 912, 929, 830 Winwood Drive Jefferson City, MO 66109	Kevin Kots Facility Manager		January 1, 2013	100,000
	Department of Social Services 2839 South Jefferson Lobson, MO 66538	Darrell Bloom, County Director	417-632-3137	August 19, 2009	12,000
	Department of Social Services 222 Commercial Dr. Marionville, MO 66706	Sharon Holloway, County Director	417-868-2208	January 11, 2010	12,600
	Department of Social Services 4716 North Town Centre Dr. Osark, MO 66721	Sharon Watkins, County Director	417-681-7511	April 18, 2009	8,213
	Missouri State Highway Patrol, Inveat/Gov. Daniel L. Sarah L. Eberhard, 400 Dix Rd. Jefferson City, MO 66101	Officer	781-3442	November 1, 2008	1,800
NAME OF BUILDING (PRIVATE, STATE LEASED/OWNED)	LEAD TENANT CONTACT PERSON	DATE OF ORIGINAL CONTRACT	BUILDING SIZE		

STATE LEASD	NAME	PHONE NUMBER	MONTH/DAY/YEAR	SQUARE FEET
Dept of Corrections 3728 Plaza Drive Jefferson City, MO 65109	Marilee Morris	Building Director 638-0187	April 1, 2012	49,000
Probation and Parole 103 West Crossings Lake Ozark, MO 65048	Tera RBY,	District Administrator 804-8748	May 7, 2009	1,200
Probation and Parole 300 South Jackson Lebanon, MO 64538	Chris Brown,	District Administrator 417-483-8324	August 10, 2009	1,200
Probation and Parole 101 East Jefferson Marshfield, MO 65706	Kerry Nelson	District Administrator 417-444-8825	January 11, 2010	300
Probation and Parole 301 East Hwy CC Nixa, MO 65714	Chry Bates,	District Administrator 417-724-1344	September 8, 2009	4,165
Missouri Highway Patrol Training 1617 Southridge Drive Jefferson City, MO 65109	Ceds Nichols	Building Director	February 1, 2012	5,000
Vocational Rehabilitation 1600 B Southridge Dr. Jefferson City, MO 65109	Jeff Nboley	Building Director 638-2228	February 1, 2012	22,000
NAME OF BUILDING (PRIVATE, STATE LEASED/OWNED)	LEAD TENANT CONTACT PERSON	DATE OF ORIGINAL CONTRACT	BUILDING SIZE	



**EXHIBIT F**

**PARTICIPATION COMMITMENT**

**Minority Business Enterprise/Women Business Enterprise (MBE/WBE) and/or Organization for the Blind/Sheltered Workshop and/or Service-Disabled Veteran Business Enterprise (SDVE) Participation Commitment** – If the offeror is committing to participation by or if the offeror is a qualified MBE/WBE and/or organization for the blind/sheltered workshop and/or a qualified SDVE, the offeror must provide the required information in the appropriate table(s) below for the organization proposed and must submit the completed exhibit with the offeror’s proposal.

For Minority Business Enterprise (MBE) and/or Woman Business Enterprise (WBE) Participation, if proposing an entity certified as both MBE and WBE, the offeror must either (1) enter the participation percentage under MBE or WBE, or must (2) divide the participation between both MBE and WBE. If dividing the participation, do not state the total participation on both the MBE and WBE Participation Commitment tables below. Instead, divide the total participation as proportionately appropriate between the tables below.

MBE Participation Commitment Table		
(The services performed or the products provided by the listed MBE 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 Each Qualified Minority Business Enterprise (MBE) Proposed	Committed Percentage of Participation for Each MBE (% of the Actual Total Contract Value)	Description of Products/Services to be Provided by Listed MBE  <i>The offeror should also include the paragraph number(s) from the RFP which requires the product/service the MBE is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.</i>
1.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
2.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
3.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
4.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
<b>Total MBE Percentage:</b>	<b>%</b>	

<b>WBE Participation Commitment Table</b>		
(The services performed or the products provided by the listed WBE 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 Each Qualified Women Business Enterprise (WBE) proposed	Committed Percentage of Participation for Each WBE (% of the Actual Total Contract Value)	Description of Products/Services to be Provided by Listed WBE <i>The offeror should also include the paragraph number(s) from the RFP which requires the product/service the WBE is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.</i>
1.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
2.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
3.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
4.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
<b>Total WBE Percentage:</b>		<b>%</b>

<b>Organization for the Blind Sheltered Workshop Commitment Table</b>		
(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	Committed Participation (\$ amount or % of total value of contract)	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.		Product/Service(s) proposed: ----- RFP Paragraph References:
2.		Product/Service(s) proposed: ----- RFP Paragraph References:

<b>SDVE Participation Commitment Table</b>		
(The services performed or the products provided by the listed SDVE 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.)		
<b>Name of Each Qualified Service-Disabled Veteran Business Enterprise (SDVE) Proposed</b>	<b>Committed Percentage of Participation for Each SDVE (% of the Actual Total Contract Value)</b>	<b>Description of Products/Services to be Provided by Listed SDVE</b> <i>The offeror should also include the paragraph number(s) from the RFP which requires the product/service the SDVE is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.</i>
1. <span style="font-size: 2em; vertical-align: middle;">N/A</span>	%	Product/Service(s) proposed: ----- RFP Paragraph References:
2. <span style="font-size: 2em; vertical-align: middle;">N/A</span>	%	Product/Service(s) proposed: ----- RFP Paragraph References:
<b>Total SDVE Percentage:</b>	<b>%</b>	

**EXHIBIT G**  
**DOCUMENTATION OF INTENT TO PARTICIPATE**

If the offeror is proposing to include the participation of a Minority Business Enterprise/Women Business Enterprise (MBE/WBE) and/or Organization for the Blind/Sheltered Workshop and/or qualified Service-Disabled Veteran Business Enterprise (SDVE) 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.

*MA*

~ 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):

\_\_\_ MBE \_\_\_ WBE \_\_\_ Organization for the Blind \_\_\_ Sheltered Workshop \_\_\_ SDVE

Name of Organization: \_\_\_\_\_

(Name of MBE, WBE, Organization for the Blind, Sheltered Workshop, or SDVE)

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address (If SDVE, provide MO Address): \_\_\_\_\_

Phone #: \_\_\_\_\_

City: \_\_\_\_\_

Fax #: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Certification # \_\_\_\_\_

SDVE's Website Address: \_\_\_\_\_

Certification (or attach copy of certification)

Expiration

Date: \_\_\_\_\_

Service-Disabled Veteran's (SDV) Name: \_\_\_\_\_  
(Please Print)

SDV's

Signature: \_\_\_\_\_

**PRODUCTS/SERVICES PARTICIPATING ORGANIZATION AGREED TO PROVIDE**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorized Signature:**

\_\_\_\_\_  
*Authorized Signature of Participating Organization  
(MBE, WBE, Organization for the Blind, Sheltered Workshop, or SDVE)*

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

**EXHIBIT G (continued)**

**DOCUMENTATION OF INTENT TO PARTICIPATE**

**SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE (SDVE)**

If a participating organization is an SDVE, unless the Service-Disabled Veteran (SDV) documents were previously submitted within the past five (5) years to the Division of Purchasing and Materials Management (DPMM), the offeror **must** provide the following SDV documents:

- a copy of the SDV's award letter from the Department of Veterans Affairs or a copy of the SDV's discharge paper (DD Form 214, Certificate of Release or Discharge from Active Duty), AND
- a copy of the SDV's documentation certifying disability by the appropriate federal agency responsible for the administration of veterans' affairs.

(NOTE: The SDV's award letter, the SDV's discharge paper, and the SDV's documentation certifying disability shall be considered confidential pursuant to subsection 14 of section 610.021, RSMo.)

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

No, I have not previously submitted the SDV documents specified above to the DPMM and therefore have enclosed the SDV documents.

Yes, I previously submitted the SDV documents specified above within the past five (5) years to the DPMM.

*DA*

Date SDV Documents were Submitted: \_\_\_\_\_

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

(if applicable and known)

(NOTE: If the proposed 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 Documents - Verification Completed By:	
_____	_____
Buyer	Date

**EXHIBIT J**

**MISCELLANEOUS INFORMATION**

**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 any of the offeror's proposed products and/or services being manufactured or performed at sites outside the United States?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, do the proposed products/services satisfy the conditions described in section 4, subparagraphs 1, 2, 3, and 4 of Executive Order 04-09? (see the following web link: <a href="http://www.sos.mo.gov/library/reference/orders/2004/eo04_009.asp">http://www.sos.mo.gov/library/reference/orders/2004/eo04_009.asp</a> )	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>If YES, mark the appropriate exemption below, and provide the requested details:</p> <p>1. <input type="checkbox"/> Unique good or service.          • EXPLAIN: _____</p> <p>2. <input type="checkbox"/> Foreign firm hired to market Missouri services/products to a foreign country.          • Identify foreign country: _____</p> <p>3. <input type="checkbox"/> Economic cost factor exists          • EXPLAIN: _____</p> <p>4. <input type="checkbox"/> Vendor/subcontractor maintains significant business presence in the United States and only performs trivial portion of contract work outside US.          • Identify maximum percentage of the overall value of the contract, for any contract period, attributed to the value of the products and/or services being manufactured or performed at sites outside the United States: ___%          • Specify what contract work would be performed outside the United States: _____</p>		

**Employee/Conflict of Interest:**

<p>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:</p>	
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:	_____ %

**EXHIBIT H. 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**

*THOMPSON GROUP LLC DATA MISSOURI STATE JUDICIAL*

I certify that \_\_\_\_\_ (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: \_\_\_\_\_

(\*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: Oct/2014

Previous Bid/Contract Number for Which Previous E-Verify Documentation Submitted: \_\_\_\_\_ (if known)

MICHAEL S. THOMPSON  
Authorized Business Entity Representative's Name (Please Print)

*[Signature]*  
Authorized Business Entity Representative's Signature

THOMPSON GROUP LLC  
Business Entity Name

8/20/15  
Date

athompson@mcgstates.com  
E-Mail Address

183767  
E-Verify MOU Company ID Number

**FOR STATE OF MISSOURI USE ONLY**

Documentation Verification Completed By:

Molly Hunt  
Buyer

9-16-15  
Date

**Registration of Business Name (if applicable) with the Missouri Secretary of State**

The offeror should indicate the offeror's charter number and company name with the Missouri Secretary of State. Additionally, the offeror should provide proof of the offeror's good standing status with the Missouri Secretary of State. If the offeror is exempt from registering with the Missouri Secretary of State pursuant to section 351.572, RSMo., identify the specific section of 351.572 RSMo., which supports the exemption.

LC 0037401	THOMPSON <del>GROUP</del> MGT GROUP LLC
Charter Number (if applicable) Company Name If exempt from registering with the Missouri Secretary of State pursuant to section 351.572 RSMo., identify the section of 351.572 to support the exemption:	

No. LC0037401

# STATE OF MISSOURI



**Rebecca McDowell Cook**  
**Secretary of State**

**CERTIFICATE OF ORGANIZATION**  
**LIMITED LIABILITY COMPANY**

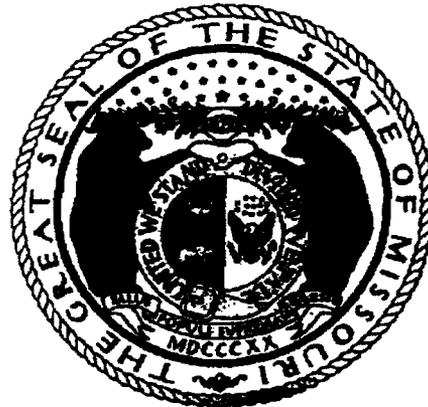
WHEREAS,

THOMPSON MANAGEMENT GROUP, L.L.C.

filed its ARTICLES OF ORGANIZATION with this office on the 21st day of MARCH, 2000, and that filing was found to conform to the Missouri Limited Liability Company Act;

NOW, THEREFORE, I, REBECCA MCDOWELL COOK, Secretary of State, State of Missouri, by virtue of authority vested in me by law, do certify and declare that on the 21st day of MARCH, 2000, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 21st day of MARCH, 2000.



*Rebecca McDowell Cook*  
Secretary of State

\$105.00

MIDSTATE JANITORIAL  
1022 NORTHEAST DRIVE, SUITE E  
JEFFERSON CITY, MO 65109

DPMM

301 W HAWK ST.

ROOM 630

JEFFERSON CITY, MO 65109

DPMM 21 AUG '15 PM12:28

RFP B3Z16028

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**EXHIBIT I**

**Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

<u>THOMPSON MILIT GROUP LLC</u> Company Name	DUNS # (if known)
<u>MICHAEL JR THOMPSON</u> Authorized Representative's Printed Name	<u>06068</u> Authorized Representative's Title
<u>[Signature]</u> Authorized Representative's Signature	<u>9/22/15</u> Date

**Instructions for Certification**

1. By signing and submitting this proposal, the prospective recipient of Federal assistance funds is providing the certification as set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective recipient of Federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
6. The prospective recipient of Federal assistance funds further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the List of Parties Excluded from Procurement or Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.