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

CONTRACT NUMBER	CONTRACT TITLE
C315047005	PREA Audit
AMENDMENT NUMBER	**CONTRACT PERIOD**
Amendment #002	February 1, 2017 through January 31, 2018
REQUISITION/REQUEST NUMBER	**SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID**
NR 931 YYY17708004	4709941480 0
CONTRACTOR NAME AND ADDRESS	**STATE AGENCY'S NAME AND ADDRESS**
MELINDA ALLEN & ASSOCIATES LLC 188 BAKERS FARM CIR BRASELTON GA 30517-2593	Department of Corrections Various Locations

ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:

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.

BUYER	BUYER CONTACT INFORMATION
Jacqueline Satterlee	Email: Jacqueline.satterlee@oa.mo.gov Phone: (573) 751- 4925 Fax: (573) 526-9816
SIGNATURE OF BUYER	**DATE**
Jacqueline Satterlee	11/28/16

DIRECTOR OF PURCHASING

Karen S. Boeger

Karen S. Boeger

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

CONTRACT NUMBER	CONTRACT TITLE
C315047005	PREA Audit
AMENDMENT NUMBER	**CONTRACT PERIOD**
Amendment #001	February 1, 2016 through January 31, 2017
REQUISITION NUMBER	**VENDOR NUMBER**
NR 931 YYY16708037	4709941480 0
CONTRACTOR NAME AND ADDRESS	**STATE AGENCY'S NAME AND ADDRESS**
MELINDA ALLEN & ASSOCIATES LLC 188 BAKERS FARM CIR BRASELTON GA 30517-2593	Department of Corrections Various Locations

ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:

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.

BUYER	BUYER CONTACT INFORMATION
Jacqueline Satterlee	Email: Jacqueline.satterlee@oa.mo.gov Phone: (573) 751- 4925 Fax: (573) 526-9816
SIGNATURE OF BUYER	**DATE**
Jacqueline Satterlee	1/11/16

DIRECTOR OF PURCHASING

Karen S. Boeger

Karen S. Boeger

NOTICE OF AWARD

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

SOLICITATION NUMBER	CONTRACT TITLE
B3Z15047	PREA Audit
CONTRACT NUMBER	**CONTRACT PERIOD**
C315047005	February 9, 2015 through January 31, 2016
REQUISITION NUMBER	**VENDOR NUMBER**
NR 931 YYY14708409	4709941480 0
CONTRACTOR NAME AND ADDRESS	**STATE AGENCY'S NAME AND ADDRESS**
MELINDA ALLEN & ASSOCIATES LLC 188 BAKERS FARM CIR BRASELTON GA 30517-2593	Department of Corrections Various Locations

ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:

The proposal submitted by Melinda Allen & Associates LLC in response to B3Z15047 is accepted in its entirety.

BUYER	BUYER CONTACT INFORMATION
Laura Ortmeyer	Email: laura.ortmeyer@oa.mo.gov Phone: (573) 751-4579 Fax: (573) 526-9816
SIGNATURE OF BUYER	**DATE**
Laura Ortmeyer	February 5, 2015

DIRECTOR OF PURCHASING AND MATERIALS MANAGEMENT

Karen S. Boeger

Karen S. Boeger

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

RFP NO.: B3Z15047
TITLE: PREA Audit
ISSUE DATE: 09/10/14

REQ NO.: NR 931 YYY14708409
BUYER: Roy Burgess
PHONE NO.: (573) 751-1692
E-MAIL: roy.burgess@oa.mo.gov

RETURN PROPOSAL NO LATER THAN: 10/07/14 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)		(Courier Service)
DPMM	or	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 Award through One Year

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

Department of Corrections

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	LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO.
	Melinda Allen & Associates LLC
MAILING ADDRESS: 188 Bakers Farm Circle	IRS FORM 1099 MAILING ADDRESS: 188 Bakers Farm Circle
CITY, STATE, ZIP CODE: Braselton, GA 30517	CITY, STATE, ZIP CODE: Braselton, GA 30517

CONTACT PERSON	EMAIL ADDRESS
Melinda Allen	preaaudit@gmail.com
PHONE NUMBER: 706-449-0003	FAX NUMBER:

TAXPAYER ID NUMBER (TIN)	TAXPAYER ID (TIN) TYPE (CHECK ONE)	VENDOR NUMBER (IF KNOWN)
47-0994148	X FEIN ___ SSN	4709941480U

VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) LLC

___ Corporation ___ Individual ___ State/Local Government ___ Partnership X Sole Proprietor ___ IRS Tax-Exempt

AUTHORIZED SIGNATURE	DATE
Melinda Allen	09/14/2014
PRINTED NAME: Melinda Allen	TITLE: Owner/Auditor

E-Verify

Employment Eligibility Verification

Welcome Melinda Allen | User ID MALL2371 | Last Login 10:23 AM - 09/14/2014 | Log Out

Click any ? for help

Home

New Case
View Cases
Search Cases

Edit Profile
Change Password
Change Security Questions

Edit Company Profile
Add New User
View Existing Users
Close Company Account

View Reports

View Essential Resources
Take Tutorial
View User Manual
Share Ideas
Contact Us

Company Information

Company Name: Melinda Allen & Associates LLC

View / Edit

Company ID Number: 787286
Doing Business As (DBA) Name:
DUNS Number:

Physical Location:

Address 1: 188 Bakers Farm Circle
Address 2:
City: Braselton
State: GA
Zip Code: 30517
County: JACKSON

Mailing Address:

Address 1:
Address 2:
City:
State:
Zip Code:

Additional Information:

Employer Identification Number: 470994148
Total Number of Employees: 1 to 4
Parent Organization:
Administrator:

Organization Designation:

Employer Category: None of these categories apply

NAICS Code: 561 - ADMINISTRATIVE AND SUPPORT SERVICES

View / Edit

Total Hiring Sites: 1

View / Edit

Total Points of Contact: 2

View / Edit

EXHIBIT D, 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 Melinda Allen & Associates LLC (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530.

Melinda Allen
Authorized Business Entity Representative's Name (Please Print)

Authorized Business Entity Representative's Signature

Melinda Allen & Associates LLC
Business Entity Name

09/14/14
Date

preaaudit@gmail.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 D, 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 Melinda Allen & Associates LLC (Name of Business Entity Authorized Representative) as President (Position/Title) first being duly sworn on my oath, affirm Melinda Allen & Associates LLC (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 Melinda Allen & Associates LLC (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.)

Authorized Representative's Signature	Melinda Allen Printed Name
President Title	09/14/14 Date
preaaudit@gmail.com E-Mail Address	787286 E-Verify Company ID Number

Subscribed and sworn to before me this 27 (DAY) of September, 2014 (MONTH, YEAR). I am commissioned as a notary public within the County of Jackson (NAME OF COUNTY), State of Georgia (NAME OF STATE), and my commission expires on 10·11·16 (DATE).

Christa Roberts
Signature of Notary

9·27·14
Date

CHRISTA ROBERTS
MY COMMISSION EXPIRES
NOTARY PUBLIC
OCTOBER 11, 2016
JACKSON COUNTY, GEORGIA

MELINDA ALLEN & ASSOCIATES LLC

188 BAKERS FARM CIRCLE BRASELTON, GA 30517

9/27/2014

Melinda Allen
Melinda Allen & Associates LLC
188 Bakers Farm Circle Braselton, GA 30517

September 10, 2014

Melinda Allen
Melinda Allen & Associates LLC
188 Bakers Farm Circle
Braselton, GA 30517

State of Missouri
Department of Corrections

Dear Sir or Madam:

Enclosed, you will find my proposal for conducting Prison Rape Elimination Act (PREA) audits for your community confinement facilities. I was certified by the Department of Justice in April 2014 to conduct PREA audits for Adult Jails, Prisons, Correctional Facilities and Community Confinement Centers. I have over 28 years of correctional experience. I started as a deputy sheriff and worked my way up through the ranks to Division Commander/Captain. I have extensive knowledge of jail operations from the ground up. I am a Certified Jail Manager and hold a Master's degree in Public Administration and have taught criminal justice and corrections at the college level for the past eight years.

While I am relatively new to PREA Auditing, I am eager to grow my business and help your agency successfully complete the auditing process. I have completed four facility audits to

date and I have provided references for each of those facilities. I will work with you in an efficient manner to complete the site visit in a timely fashion.

Enclosed, you will find my fee structure listed below along with a general overview of the audit process for your review to open discussions on fulfilling your auditing needs.

I look forward to working with you in the near future,

Melinda Allen

Melinda Allen & Associates LLC

Proposal for PREA Audit Services

BACKGROUND OF MELINDA ALLEN & ASSOCIATES LLC

Melinda Allen & Associates LLC was formed in May 2014 after Melinda received her credentials from the Department of Justice to complete audits of all adult facilities to include jails, prisons, correctional facilities and community confinement facilities. Melinda has conducted five PREA audits of Jails and Prisons to date, with six additional audits scheduled or in process.

SERVICES TO BE PERFORMED

Pre-Audit Actvities

1. Contractor will review Pre-Audit Questionnaire in its entirety and associated documents, including but not limited to:
    a. Facility Headcount sheets for 3 days per month for the last 12 months
    b. Facility layout plans
    c. Agency and facility Mission Statements.
    d. Facility manning document with how many staff were hired in the last 12 months
    e. Number and location of video monitoring systems
    f. Number of allegations of sexual abuse and harassment in the last 12 months
    g. Number and facility plan of each designated residents
    h. Number of grievances about sexual abuse/harassment in the last twelve months
    i. Number of contractor, volunteers that have been alleged to have perpetrated sexual abuse/harassment

2. Contractor will review the Community Confinement Centers directives and policies to include PREA policies, MOUs with outside agencies, Human Resources, personnel directives **and** procedures pertaining to hiring, promoting and disciplining staff, housing contracts, staffing plans, facility policies and procedures pertaniing to searches, tours, logbooks, housing, crime scene preservation, resident discipline, Collective bargaining documents, department and facility organization charts, volunteer and residents PREA training curriculum, and several other proof documents.

3. Contractor will develop a plan for a physical tour/inspection of the facility.

4. Contractor will conduct audit activities up to a total of 16 hours.

On Site Audit

5. Following the PREA guidelines, contractor's activities will consist of at least the following:

6. Contractor will physically tour, at a minimum, the following areas of the facility:
7. Intake/Reception/Screening area, all housing units, including samples of individual rooms and all dormitoroes, Health Care Areas, if they are onsite, Recreation/Dining (if there is one)/Work/Program areasif they exist, and renovated/modified or expanded areas.
8. Contractor will interview, at a minimum, the following staff:

Agency Head or Designee, Facility Director or Designee, Facility PREA Coordinator, Agency contract administrator, Medical and Mental Health staff, Administrative staff, Volunteers and contractors, Staff who perform screening for risk vicitmization and abusiveness, Staffo on the incident review team, designated staff member charged with monitoring retaliation, First Responders, both security and non-security staff and Intake staff. The contractor will also interview, at a minimum, ten (10) residentss, selected randomly by the Contractor, unless there are too few residents in the facility to make that possible.

9. Contractor will review the following records:
    a. Facility headcount on the day of the audit
    b. Spot review facility video for evidence of staff tours on each shift
    c. Random review of notes and facility logbooks and unusual incident reports
    d. Random review of sexual incident reports and investigation documentation
    e. Random review of resident files
    f. Random review of staff training records
    g. Random reviw of medical training records
    h. Review of multidisciplinary meeting notes
    i. Review of residents handbooks
    j. Review of facility grievance records

Post Audit Work

10. Contractor will conduct post audit activites for up to 16 hours.
11. Contractor will complete the Department of Justice's Auditor's Compliance Tool for Community Confinement Facilities.
12. Contractor will develop a Corrective Action Plan(if needed). Contractor will submit a written Cap when and if it is determined by the Contractor that corrective action is needed as a result of the full site audit.

13. Contractor will complete an initial report for facility head and executive staff

KEY PERSONNEL

Melinda Allen holds a Masters degree Public Administration from Columbus State University and is a Certified Jail Manager through the American Jail Association and a Certified Public Manager as designated by the University of Georgia's Carl Vinson Institute of Government. Melinda has twenty-eight years of corrections and law enforcement experience. She started as a deputy sheriff and worked her way through the ranks to Commander/Captain with the Gwinnett County Sheriff's Office. She retired as the Administrative Captain of the 3,200-bed facility. She is experienced in all aspects of jail operations. Melinda also has experience as a trainer and instructor. She has worked with The Moss Group as a consultant/Instructor. Melinda retired in July 2014 to start Melinda Allen & Associates LLC. Melinda works alone, being solely responsible for the quality of the work performed.

Melinda Allen	President/Auditor	(706) 449-0003 Office (770) 365-7335 Mobile

Melinda Allen is an experienced PREA Auditor. She has completed four audits of Jail and Prisons, as of August 2014. The facilities have ranged from 100 to 1,000 residents/inmates. She has six additional audits scheduled at this point, including a return to a previous location to conduct audits of additional facilities.

Melinda is the past President of the Georgia Jail Association and is a member of the American Jail Association and the American Correctional Association.

As an added value, Melinda has created fill able PDF files for all documents associated with the PREA Audit. This includes the Pre-Audit Questionnaire, the Checklist of Documentation, the Auditor Compliance Tool and the Auditor Summary Reports. She has also created a web-based interface for the ease of loading documents associated with the Pre-Audit Questionnaire. This enables the PREA Coordinator and the auditor to work together toward attaining compliance in an orderly and simplified manner. While conducting the on site audit, Melinda will secure additional supporting documentation and will scan and upload the documents for preservation. Once the audit is complete, Melinda will provide your agency with a complete electronic copy of all supportive documentation. This will help your agency stay organized and will make future audits a much more simplified process.

The fee for each audit is determined based on the number of PREA cases in the past year and the number of residents that reside in the facility.

My general fee is $80 per hour for Pre-Audit, On-Site and Post Audit work.

I. General Fee Structure

A. My Hourly Rate

$80 per hour

B. Pre-Audit Work

Estimated two days (16 hours) of document review prior to the audit visit. This may be reduced or increased based on the facility's efforts on the Pre-Audit Questionnaire (the more complete and specific the Questionnaire is filled out, the quicker I can finish.)

C. Audit Visit

Estimated two days (16 hours) of on-site time. A workday during the actual audit visit will be billed as an 8-hour day even if I stay at the facility longer or do work in the hotel for longer than eight (8) hours during that calendar day. The facility should plan on my presence at the facility for up to 10 hours per day. A large number of sexual abuse reports during the previous 12 months, multiple housing units, large numbers of staff, juveniles and other factors may necessitate longer document review time during the audit visit.

D. Post-Audit Work

Estimated two days (16 hours) of compilation and writing the summary report.

E. Travel Time

Up to two days (16 hours) of travel time to be billed at 50% of the Hourly Rate.

F. Per Diem Rate

The lowest GSA per diem rate of $46 will be used, regardless of the GSA per diem rate assigned to your local area. Per Diem for travel days will be $34.50 (75% of $46). Based on the GSA chart located at http://www.gsa.gov/portal/content/101518.

G. Travel Expenses

To be billed at actual amounts, including airfare, hotel, taxi or car rental with gas. I will arrange air travel, and Delta Airlines is always my first choice. If other carriers are used, the facility will pay for baggage fees. Other travel arrangements may be negotiated, and if there are certain hotels, shuttles, etc., with which the facility already has a working relationship, those arrangements will be considered.

H. CORRECTIVE ACTION PERIOD

Corrective Action Period (CAP) Work

No charge for the first hour. Subsequent CAP work will be at the same rate of $80/hour, but estimates ahead of time regarding the amount of work that will be involved with the corrective action work are impossible. It is anticipated that most CAP work can be done through email or uploading documents. Billing will be in .25-hour increments.

As an incentive for the Missouri Department of Corrections, for the purposes of the CAP of Community Confinement facilities, the auditor will not charge any additional CAP hourly fees, provided the agency contracts with the auditor to conduct multiple audits, unless a return visit to the facility is required.

I. Return Visit during CAP

If something unforeseeable does happen and I need to return to the facility for the CAP work, I will not charge for travel time, but time in the facility will be charged at the regular rate of $80, along with any actual travel and lodging expenses, and per diem as explained above.

J. APPEALS

If the facility files an appeal that causes me to expend any time, billing for that amount of time will be held until the final determination from the PREA Resource Center or DOJ. If my original decision upheld, you will be billed for the work that was caused by the appeal process. If my original decision is overturned, then no time will be billed for work caused by the appeal process.

K. OTHER EXPENSES

I have tried to sum up the expenses and hope that I have left nothing out, but that isn't guaranteed. Fees such as registering in your state as a foreign LLC and securing Registered Agent services will be borne by me up to $200.00. There may be other expenses that may be involved based on circumstances of the audit, but hopefully we can think of everything if we do reach the negotiation stage.

L. Professional Liability Insurance

I am insured through Lloyds of London. I carry 1,000,000 Professional liability insurance with a $3,000,000 aggregate.

BASIC BUDGET ESTIMATE One Facilities with up to 100 Residents

Line Item	Quantity	Rate	Price
Pre-Audit (2 days)	16	$80	$ 1,280
On Site (2 days)	16	$80	$1,280
Post Audit (2 days)	16	$80	$1,280
Travel (2 day Maximum)	16	$40	$640
Airfare – Delta from Atlanta-Estimate			$400
Lodging – Vary by location-Estimate			$300
Car Rental –Vary by location-Estimate			$200
Gas-Estimate			$50
Per Diem on site	2	$46.00	$92
Per Diem travel	2	$34.50	$69
Airport Parking	4	$12.50	$50
Estimate			$5,641
Basic Pricing, one facility			$5,641

For the purposes of the CAP for the Missouri Department of Corrections Community Confinement facilities, the auditor will not charge any additional CAP hourly fees, provided the agency contracts with the auditor to conduct multiple audits.

It should also be noted that for agencies that operate as a unified state/agency with multiple facilities using the same policies and procedures may be eligible for a discount on the audits since there would be a reduction in the volume of policies to review when contracting for the audit of multiple facilities.

Additional savings may be achieved by secured when contracting multiple facilities and conducting the on-site audits in one trip rather than paying for additional travel expenses per audit.

Additional Proposed Savings Options:

Pricing for Two Facilities

Line Item	Quantity	Rate	Price
Pre-Audit (4 days)	32	$80	$ 2,560
On Site (4 days)	32	$80	$2,560
Post Audit (4 days)	32	$80	$2,560
Travel (2 day Maximum)	16	$40	$640
Airfare – Delta from Atlanta			$400
Lodging – Vary by location			$600
Car Rental –Vary by location			$400
Gas-Estimate			$75
Per Diem on site	4	$46.00	$184
Per Diem travel	4	$34.50	$138
Airport Parking	7	$12.50	$87.50
Estimate			$10,204.50
Basic Pricing per facility(2)			$5,102.25

Pricing for Four or More Facilities- Flat rate of $4,800 per facility including the Corrective Action Plan. Audits must run consecutive to one another.

The contractor hereby covenants that at the time of the submission of the proposal, the contractor has no other contractual relationships, which would create any actual or perceived conflict of interest. The contractor further agrees that during the term of the contract, neither the contractor nor any of its employees shall acquire any other contractual relationships, which create a conflict.

References

Heather Simons, Vermont Department of Corrections

Email: Heather.Simons@state.vt.us Telephone: (802) 951-5005

Facilities audited: Chittenden Regional Correctional Facility, Southeast State Regional Correctional Facility, and Southern State Regional Correctional Facility

Prechelle Shannon, Washington DC Department of Corrections

Email: prechelle.shannon@dc.gov Telephone: (202) 698-4878

Facility audited: Washington DC, Central Detention Facility

Mandy Blanton, Spartanburg County Sheriff's Office

Email: mblanton@spartanburgcounty.org Telephone: 864.596.2607

Mock Audit in Conjunction with The Moss Group: Spartanburg County Detention Center

Melinda Allen
Melinda Allen & Associates, LLC
188 Bakers Farm Circle
Braselton, GA 30517

DPMM
P. O. Box 809
Jefferson City, MO 65102-0809

RCVD SEP 30'14 AM 8:37 OA-DPMM

OFFICIAL RFP #: RFP # B3Z15047

OFFICIAL TIME: October 7, 2014 2:00 PM CENTRAL TIME

TAXATION DIVISION
P O BOX 3666
JEFFERSON CITY MO 65105-3666

Missouri
DEPARTMENT OF REVENUE

Telephone: (573) 751-9268
Fax: (573) 522-1265
E-mail: taxclearance@dor.mo.gov

VENDOR NO TAX DUE

MELINDA ALLEN & ASSOCIATES
188 BAKERS FARM CIR
BRASELTON GA 30517

DATE ISSUED: OCTOBER 16, 2014

FEDERAL IDENTIFICATION NUMBER: 470994148

The Missouri Department of Revenue certifies that based on the information provided the above listed taxpayer/vendor and its disclosed affiliates do not sell taxable tangible personal property or provide taxable services in the State of Missouri. As a result, the above vendor and its disclosed affiliates are in compliance with Section 34.040.6, RSMo.

This statement does not limit the authority of the Director of Revenue to assess and/or collect liabilities under appeal or that become known to the Department as a result of audit or determination of successor liability.

This certificate will remain valid until such time as the business activity changes. Please note that any change in or deviation from the operation of this business as originally described will render this letter inapplicable.

DIRECTOR OF REVENUE OR DELEGATE
STATE OF MISSOURI

BY:

Dwayne Maples

Dwayne Maples
Administrator, Business Tax

JB:DU0624

CBN045
201428900300692