



**STATE OF MISSOURI  
MISSOURI DEPARTMENT OF CORRECTIONS  
CONTRACT AMENDMENT**

Steven W. Beeson, Procurement Officer I  
steven.beeson@doc.mo.gov  
 (573) 526-6590  
 (573) 522-1562 (Fax)  
 FMU/PURCHASING SECTION  
 P.O. BOX 236  
 JEFFERSON CITY, MISSOURI 65102

DATE	VENDOR IDENTIFICATION	CONTRACT NUMBER	CONTRACT DESCRIPTION
03/22/2016	Attn: Thomas Sneath National Toxicology Laboratories, Inc. 1100 California Ave. Bakersfield, CA 93304	Amendment 001 Y15708336	Urine Drug Test Confirmation For Department of Corrections Cremer Therapeutic Community Center

**CONTRACT Y15708336 IS HEREBY AMENDED AS FOLLOWS:**

Pursuant to paragraph 2.1.5 on page 3, the Missouri Department of Corrections hereby exercises its option to renew the above-referenced contract for the period of June 19, 2016 through June 18, 2017.

All terms, conditions and provisions of the previous contract period, including pricing, shall remain and apply hereto.

Return of this amendment by the contractor is not required.

.....

**THIS AMENDMENT IS ACCEPTED BY THE MISSOURI DEPARTMENT OF CORRECTIONS AS FOLLOWS: In its entirety.**

**Matt Sturm, Division Director, Division of Rehabilitative Services**

**Date**

# INVITATION FOR BID



Missouri Department of Corrections  
Fiscal Management Unit  
Purchasing Section  
2729 Plaza Drive, P.O. Box 236  
Jefferson City, MO 65102

**Buyer of Record:**  
**Sam Hammond**  
**Procurement Officer II**  
**Telephone: (573) 526-6590**  
Samuel.Hammond@doc.mo.gov

# IFB 15708336

Urine Drug Test Confirmation  
FOR

Department of Corrections  
Cremer Therapeutic Community Center

Contract Period: Date of Award through One Year  
Date of Issue: June 19, 2015  
Page 1 of 27

**Bids Must Be Received No Later Than:**

**2:00 p.m., Thursday, July 9, 2015**

Sealed bids must be delivered to the Missouri Department of Corrections, Purchasing Section, 2729 Plaza Drive, Jefferson City, MO 65109, or P.O. Box 236, Jefferson City, Missouri 65102. The bidder should clearly identify the IFB number on the lower right or left-handed corner of the container in which the bid is submitted to the Department. This number is essential for identification purposes.

We hereby agree to provide the services and/or items, at the price quoted, pursuant to the requirements of this document and further agree that when this document is countersigned by an authorized official of the Missouri Department of Corrections, a binding contract, as defined herein, shall exist. The authorized signer of this document certifies that the contractor (named below) and each of its principals are not suspended or debarred by the federal government.

Company Name: National Toxicology Laboratories, Inc.  
Mailing Address: 1100 California Ave.  
City, State, Zip: Bakersfield, CA 93304  
Telephone: 661-322-4250 Fax: 661-322-4322  
Federal EIN #: 77-0132417 State Vendor #: \_\_\_\_\_  
Email: tsneath@aol.com

Authorized Signer's Name and Title: Thomas Sneath president

Authorized Signature:  Bid Date: 7/7/15

## NOTICE OF AWARD:

This bid is accepted by the Missouri Department of Corrections as follows:

**In its entirety**  
**Y15708336**

Contract No.

Matt Sturm, Division Director, Division of Rehabilitative Services

7-15-15  
Date

*The original cover page, including amendments, should be signed and returned with the bid.*

**EXHIBIT A**  
**PRICING PAGE**

The bidder shall conform to the specifications contained herein. In addition to the specifications contained herein, the products shall be equipped with all standard equipment for the model specified. **All prices quoted shall be considered firm and fixed. Pricing shall be quoted F.O.B Destination, Freight Prepaid and Allowed.**

Line Item	Service Description	Original Contract Period	First Renewal Option	Second Renewal Option	Third Renewal Option	Fourth Renewal Option
001	Urine Drug Confirmation Test	\$ <u>30<sup>00</sup></u>				
002	Expert Testimony per day (inclusive of all cost)	\$ <u>1,500<sup>00</sup></u>				

**Details About Payment Terms:**

The bidder should state below its discount terms offered for the prompt payment of invoices.

N/A % discount off total invoice price if paid within \_\_\_\_\_ calendar days of the Department's receipt of invoice.

Check here if the state purchasing card (Visa) is acceptable as a method of payment:  Yes, acceptable.

**Employee Bidding/Conflict of Interest:**

Bidders 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 bidder or any owner of the bidder'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 bidder's organization held by elected or appointed official or employee of the State of Missouri or political subdivision thereof: \_\_\_\_\_%

**EXHIBIT A**  
**PRICING PAGE (Continued)**

By signing, the bidder hereby declares understanding, agreement and certification of compliance to provide the items at the prices quoted, in accordance with all requirements and specification contained herein and the Terms and Conditions. The bidder further agrees that the language of this IFB shall govern in the event of a conflict with his/her bid.

Company Name: National Toxicology Labs

Authorized Signature: Thomas Sneath Printed Name: Thomas Sneath

Date: 7/7/15 Email: tsneath@aol.com

N/A

**EXHIBIT B**  
**PARTICIPATION COMMITMENT**

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

<b>Organization for the Blind/Sheltered Workshop Commitment Table</b>	
By completing this table, the bidder 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.)	
<b>Name of Organization for the Blind or Sheltered Workshop Proposed</b>	<b>Description of Products/Services to be Provided by Listed Organization for the Blind/Sheltered Workshop</b> <i>The bidder should also include the paragraph number(s) from the IFB which requires the service the organization for the blind/sheltered workshop is proposed to perform.</i>
<b>Line Item 001</b>	
1.	Product/Service(s) proposed:
	IFB Paragraph References:
<b>Line Item 002</b>	
1.	Product/Service(s) proposed:
	IFB Paragraph References:

EXHIBIT C

N/A

DOCUMENTATION OF INTENT TO PARTICIPATE

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

*~ Copy This Form For Each Organization Proposed ~*

Bidder 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 bidder 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 IFB issuance date)*

N/A

**EXHIBIT D**

**Missouri Secretary of State**

**Missouri Secretary of State/Authorization to Transact Business**

<p>In accordance with section 351.572.1, RSMo, the Department is precluded from contracting with a vendor or its affiliate who is not authorized to transact business in the State of Missouri. Bidders must either be registered with the Missouri Secretary of State, or exempt per a specific exemption stated in section 351.572.1, RSMo.  <a href="http://www.moga.mo.gov/mostatutes/stathtml/35100005721.html">http://www.moga.mo.gov/mostatutes/stathtml/35100005721.html</a></p>	
<p>If the bidder is registered with the Missouri Secretary of State, the bidder shall state legal name or charter number assigned to business entity</p>	<p>Legal Name: _____  Missouri State Charter # _____</p>
<p>If the bidder is not required to be registered with the Missouri Secretary of State, the bidder shall state the specific exemption stated per section 351.572.1, RSMo.</p>	<p>State specific exemption _____  (List section and paragraph number)  Stated in section 351.572.1 RSMo,  _____  (State Legal Business Name)</p>

N/A

**EXHIBIT E (continued)**  
**MISSOURI SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE PREFERENCE**

(NOTE: For ease of evaluation, please attach a copy of the SDV's award letter or a copy of the SDV's discharge paper, and a copy of the SDV's documentation certifying disability to this Exhibit. 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.)

If the SDVE previously submitted copies of the SDV's documents (a copy of the SDV's award letter or a copy of the SDV's discharge paper, and a copy of the SDV's documentation certifying disability) to a Missouri state agency or public university within the past five (5) years, the SDVE should provide the information requested below.

Name of **Missouri State Agency** or **Public University\*** to Which the SDV's Documents were 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** SDV's Documents were Submitted: \_\_\_\_\_

Previous **Bid/Contract Number** for Which the SDV's Documents were Submitted: \_\_\_\_\_  
(if known)

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 above 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

(NOTE: A qualified SDVE will be added to the SDVE listing maintained on the Office of Administration, Division of Purchasing and Materials Management's (OA/DPMM) website ([www.oa.mo.gov/purch/vendorinfo/sdve.html](http://www.oa.mo.gov/purch/vendorinfo/sdve.html)) for up to five (5) years from the date listed above. However, if it has been determined that the SDVE at any time no longer meets the requirements stated above, the OA/DPMM will remove the SDVE from the listing.)

**FOR STATE USE ONLY**

SDV Documents -  
Verification Completed  
By:

\_\_\_\_\_  
Procurement Officer

\_\_\_\_\_  
Date

# Certificate of Accreditation



The Substance Abuse and Mental Health  
Services Administration  
*certifies that*

## **National Toxicology Laboratories, Inc.**

**Bakersfield, CA**

NLCP Laboratory Number: 0154

has successfully completed the requirements  
of the National Laboratory Certification Program for urine laboratories in accordance  
with the Mandatory Guidelines for Federal Workplace Drug Testing Programs.

*Effective August 3, 1990*

A handwritten signature in black ink, appearing to read 'Pamela S. Hyde', written over a horizontal line.

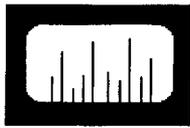
Pamela S. Hyde, J.D.  
Administrator  
Substance Abuse and Mental Health Services Administration



A handwritten signature in black ink, appearing to read 'Frances M. Harding', written over a horizontal line.

Frances M. Harding  
Director  
Center for Substance Abuse Prevention

**National  
Toxicology  
Laboratories, Inc.**



1100 California Ave.

Bakersfield, CA 93304

(661) 322-4250

FAX (661) 322-4322

**Naresh C. Jain, Ph.D.**  
Laboratory Director

**Thomas C. Sneath, B.S.**  
Chief Toxicologist

**DRUG CONFIRMATION REPORT**

**AGENCY:** WMCC

**EMPLOYEE NAME:** John Doe

**ACCESSION #:** XXXXXX

**EMPLOYEE #:** 111-11-1111

**DATE OF COLLECTION:** 04/05/10

**DATE OF REPORT:** 04/12/10

**NTL LAB#:** F1004-XXX

**RESULTS:** Hydrocodone = 1661 ng/ml  
Hydromorphone = 859 ng/ml

**TOXICOLOGIST:** Thomas Sneath

**Extremely Urgent**

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NATIONAL TOXICOLOGY LABORATORY  
1100 CALIFORNIA AVE  
BAKERSFIELD CA 93304

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(673) 676-6590  
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2729 PLAZA DR  
JEFFERSON CITY MO 65102



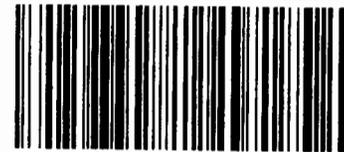
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