NOTICE OF AWARD

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

SOLICITATION NUMBER	CONTRACT TITLE
B1E14273	Personal Hygiene Products
CONTRACT NUMBER	**CONTRACT PERIOD**
C114273004	September 1, 2014 through August 31, 2015
REQUISITION NUMBER	**VENDOR NUMBER**
NR 931 YYY14709218	2046570650 0
CONTRACTOR NAME AND ADDRESS	**STATE AGENCY'S NAME AND ADDRESS**
Complete Kits & Lodging 199 Lee Avenue Brooklyn, NY 11211	Missouri Department of Corrections Various Locations Throughout The State of Missouri

ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:

The bid submitted by Complete Kits & Lodging in response to B1E14273, including the attached email from Goldie Freund dated 8/12/14 and 8/7/14 is accepted for line items 004 and 005.

BUYER	BUYER CONTACT INFORMATION
Kristina Cramer	Email: kristina.cramer@oa.mo.gov Phone: (573) 751- 1695 Fax: (573) 526-9816
SIGNATURE OF BUYER	**DATE**
Kristina Cramer	August 12, 2014

DIRECTOR OF PURCHASING AND MATERIALS MANAGEMENT

STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING AND MATERIALS MANAGEMENT (DPMM)
INVITATION FOR BID (IFB)

IFB NO.: B1E14273
TITLE: PERSONAL HYGIENE PRODUCTS
ISSUE DATE: 04/22/14

REQ NO.: NR 931 YYY14709218
BUYER: KRISTINA CRAMER
PHONE NO.: (573) 751-1695
E-MAIL: kristina.cramer@oa.mo.gov

RETURN BID NO LATER THAN: 05/07/14 AT 2:00 PM CENTRAL TIME

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

RETURN BID TO:

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

CONTRACT PERIOD: SEPTEMBER 1, 2014 THROUGH AUGUST 31, 2015

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

MISSOURI DEPARTMENT OF CORRECTIONS
VARIOUS LOCATIONS THROUGHOUT
THE STATE OF MISSOURI

The bidder 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 Invitation for Bid (Revised 12/27/12). The bidder further agrees that the language of this IFB shall govern in the event of a conflict with his/her bid. The bidder 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 bidder and the State of Missouri.

SIGNATURE REQUIRED

DOING BUSINESS AS (DBA) NAME: Complete Kits	LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO.
MAILING ADDRESS: 199 Lee Ave	IRS FORM 1099 MAILING ADDRESS: Same
CITY, STATE, ZIP CODE: Brooklyn NY 11211	CITY, STATE, ZIP CODE

CONTACT PERSON: Barry Friedman		EMAIL ADDRESS: Sales@1877kits.com
PHONE NUMBER: 1877-535-5487 / 917.697.5157		FAX NUMBER: 908.926.2279
TAXPAYER ID NUMBER (TIN): 20-465 7065	TAXPAYER ID (TIN) TYPE (CHECK ONE): ✓ FEIN __ SSN	VENDOR NUMBER (IF KNOWN): ~~037916529~~ DUNS # 204657065 0-0
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE): ✓ Corporation __ Individual __ State/Local Government __ Partnership __ Sole Proprietor __ IRS Tax-Exempt		
AUTHORIZED SIGNATURE:		DATE: 4/30/2014
PRINTED NAME: Barry Friedman		TITLE: President

Cramer, Kristina

From: goldy@1877kits.com
Sent: Thursday, August 07, 2014 11:16 AM
To: Cramer, Kristina

Good Afternoon;

Complete Kits confirms that it does business via interstate commerce with the state of Missouri.

Thank You;
Goldie

Cramer, Kristina

From: goldy@1877kits.com
Sent: Tuesday, August 12, 2014 11:40 AM
To: Cramer, Kristina
Subject: RE: B1E14273 - Personal Hygiene Products

Hi;
Complete Kits confirms that all our products, including toothpaste, are animal fat free.

Thank You.

> -------- *Original Message* --------
> Subject: B1E14273 - Personal Hygiene Products
> From: "Cramer, Kristina" <Kristina.Cramer@oa.mo.gov>
> Date: Tue, August 12, 2014 7:51 am
> To: "'goldy@1877kits.com'" <goldy@1877kits.com>
>
> Hi Goldie,
>
> I need Complete Kits to confirm that line items 004 and 005 for toothpaste is animal fat free. Please respond via email.
>
> Thank you,
>
> ***Kristina Cramer***
> *Division of Purchasing & Materials Management*
> *State of Missouri Office of Administration*
> *573-751-1695 phone*
> *573-526-9816 fax*

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

COMPLETE KITS AND LODGING
199 LEE AVE STE 669
BROOKLYN NY 11211

DATE ISSUED: JUNE 9, 2014

FEDERAL IDENTIFICATION NUMBER: 204657065

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

CH:DU1644

CBN045
201416000300543

PRICING PAGE

The products shall conform to the specifications contained herein. The bidder can choose to bid all line items, or can submit prices for only those items they intend to offer. All prices shall be quoted ***FOB Destination, Freight Prepaid and Allowed***. All prices shall be considered firm and fixed for the duration of the contract period.

LINE ITEM	MANDATORY SPECIFICATIONS	EST QTY	UNIT	UNIT PRICE
001	C/S Code: 65299 *Personal Hygiene Equipment/Supplies: Miscellaneous* **Non-Foaming Lice Control Shampoo**	200	GAL	$_____

- Must kill head lice, body lice and crabs
- Minimum active ingredients
  - Pyrethrins.....0.3%
  - Piperonyl, Butoxide, Technical.....3.0%
- Must include a pump for each gallon
- Pump must dispense approximately 1 oz. portion
- Plastic gallon jugs – 4 or 6 gallons per case

Bidder shall state the following:

Brand: _____ Item #: _____

Gallons per Case: _____ Pumps Included: _____

002	C/S Code: 65299 *Personal Hygiene Equipment/Supplies: Miscellaneous* **Single Blade Disposable Anti-Shank Razor**	7,000	EA	$ .07

- High Visibility – red or orange
- No hidden cavities
- Perforated 3/16" blade (± 10%)
- Flexible handle
- Minimum eight (8) weak points in handle
- Maximum case size: 1,000

Bidder shall state the following:

Brand: Dukal Item #: SR1801C

Single Blade (Yes or No): Yes Blade Size: _____

Color: Orange Razors per Case: 2,000

003 C/S Code: 65299 12,000 EA $_____

Personal Hygiene Equipment/Supplies: Miscellaneous

Toothpaste

- Fluoride
- 0.15 oz – 0.3 oz packet
- Animal fat free
- Clear gel toothpaste
- Clear packet
- Maximum case size: 1,000

Bidder should state the following:

Brand: _____ Item #: _____

Packet Size: _____ Packets per Case: _____

004 C/S Code: 65299 8,000 EA $ .14

Personal Hygiene Equipment/Supplies: Miscellaneous

Toothpaste

- Fluoride
- 0.85 oz tube (± 10%)
- Animal fat free
- Clear gel toothpaste
- Clear tube
- Maximum case size: 720

Bidder should state the following:

Brand: Dukal Item #: GTP4661

Tube Size: .85 oz Tubes per Case: 720

005 C/S Code: 65299 6,500 EA $ .38

Personal Hygiene Equipment/Supplies: Miscellaneous

Toothpaste

- Fluoride
- 3 oz tube (± 10%)
- Animal fat free
- Clear gel toothpaste
- Clear tube
- Maximum case size: 720

Bidder should state the following:

Brand: Dukal Item #: GTP4685

Tube Size: 2.75 oz Tubes per Case: 144

006	C/S Code: 65299 *Personal Hygiene Equipment/Supplies: Miscellaneous* **Toothbrush**	43,000	EA	$_____

- Anti-Shank flexible, flat thumb handle design
- Total length not to exceed 3"
- Individually wrapped
- Each toothbrush **MUST** contain the ADA Seal of Acceptance on the toothbrush or on the wrapper
- Maximum case size: 720

Bidder should state the following:

Brand: _____ Item #: _____

Length of Brush: _____ ADA Seal of Acceptance: _____

Brushes per Case: _____

RENEWAL OPTIONS

The Division of Purchasing and Materials Management shall have the sole option to renew the contract in one (1) year increments or a portion thereof, for a maximum total of two (2) additional years. The bidder must respond to the following line items regarding renewal pricing. The bidder may indicate either a renewal price increase stated as a maximum percentage of increase, applicable to all line items, or a price decrease, stated as a guaranteed minimum percentage of decrease applicable to all line items. The bidder should not bid BOTH a price percentage increase and decrease for the same renewal period but must clearly indicate if the percentage is an INCREASE or a DECREASE. Bidders submitting an electronic bid are strongly advised to submit a comment or attachment to distinguish between an increase or decrease. In the event no comment or attachment is submitted, the State of Missouri shall interpret the percentage as an INCREASE in the absence of bid clarification.

Regarding price increase percentages for renewals: The bidder must indicate the maximum allowable percentage of price increase or guaranteed minimum percentage of price decrease applicable to the renewal option year(s). If a percentage is not quoted (i.e., left blank, page not returned, etc.), the state shall have the right to execute the option at the same price(s) quoted for the original contract period. Statements such as "a percentage of the then current price" or "consumer price index" are NOT ACCEPTABLE. The percentage(s) indicated below shall be used in the cost evaluation to determine the potential maximum financial liability to the State of Missouri.

Note: In the event the Division of Purchasing and Materials Management awards by line items, then the item numbers assigned to renewal options will not be referenced in the award text. However, the State of Missouri reserves the right to exercise applicable renewal options according to established clauses in the contract.

IMPORTANT BID PRICING INFORMATION: The bidder should be very careful to note that all increases shall be calculated against the ORIGINAL contract price, NOT against the previous year's price. Therefore, each renewal period's quoted percentage shall be applied to the ORIGINAL bid pricing, and not to the contract pricing from the prior contract period (with the exception of the first renewal period).

007	C/S Code: 65299 *Personal Hygiene Equipment/Supplies: Miscellaneous* **1st Renewal Period** **Renewal Option Percentage Price Adjustment** Bidder must identify below by checking appropriately as an INCREASE OR DECREASE **Maximum Increase:_____ OR Minimum Decrease:_____**	1	PCNT	_____%
008	C/S Code: 65299 *Personal Hygiene Equipment/Supplies: Miscellaneous* **2nd Renewal Period** **Renewal Option Percentage Price Adjustment** Bidder must identify below by checking appropriately as an INCREASE OR DECREASE **Maximum Increase:_____ OR Minimum Decrease:_____**	1	PCNT	_____%

DELIVERY

The desired delivery is thirty (30) calendar days after the receipt of a properly executed order. If bidder's delivery is different, the bidder should state delivery in days after receipt of order: _____ calendar days ARO.

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: _____

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

DOMESTIC PRODUCTS PROCUREMENT ACT (BUY AMERICAN) PREFERENCE

In accordance with sections 34.350-34.359 RSMo, the bidder is instructed to provide information regarding the point of manufacture for each of the products being bid so that the product's eligibility for the Domestic Products Procurement Act (Buy American) Preference can be determined. This information is requested for the finished product only, not for components of the finished product. The bidder may be required to provide supporting documentation indicating proof of compliance.

Qualifying for the Domestic Products Preference:
A product qualifies for the preference if one of the following circumstances exist:

- *if manufactured or produced in the U.S.; or*
- if the product is imported into the U.S. but is covered by an existing international trade treaty that affords the specific product the same status as a product manufactured or produced in the U.S.; or
- if only one line of products is manufactured or produced in the U.S.

Non-Domestic Product:
If the product is not manufactured or produced in the U.S. and does not otherwise qualify as domestic, then it will be considered non-domestic and not eligible for the preference.

THE BIDDER MUST COMPLETE THE FOLLOWING APPLICABLE TABLES TO CERTIFY WHETHER:

(Table 1) ALL products bid are manufactured or produced in the U.S. and qualify for the Domestic Products Procurement Act Preference; OR
(Table 2) ALL products bid are manufactured or produced outside the U.S. and do not otherwise qualify for the Domestic Products Procurement Act Preference; OR
(Tables 3-6) Not all products bid fall into the prior two categories so an item-by-item certification is necessary.

The bidder is responsible for certifying the information provided on the exhibit is accurate by signing where indicated at the end of the exhibit.

TABLE 1 – ALL PRODUCTS MANUFACTURED OR PRODUCED IN U.S. (eligible for preference)

Check the box to the right if ALL products bid are MANUFACTURED OR PRODUCED IN THE U.S.:	☑

TABLE 2 – ALL PRODUCTS MANUFACTURED OR PRODUCED OUTSIDE U.S. AND DON'T QUALIFY FOR PREFERENCE (ineligible for preference)

Check the box to the right if ALL products bid are MANUFACTURED OR PRODUCED OUTSIDE THE U.S. and DO NOT OTHERWISE QUALIFY for the Domestic Products Procurement Act Preference:	☐

TABLES 3 THROUGH 6 – ITEM BY ITEM CERTIFICATION (NOT ALL PRODUCTS BID FALL INTO PRIOR TWO TABLES)

- For those line items for which a U.S.-manufactured or produced product is bid, complete **Table 3**.
- For those line items which are manufactured or produced outside the U.S. that do not qualify for the Domestic Products Procurement Act Preference, complete **Table 4**.
- For those line items which are not manufactured or produced in the U.S., but for which there is a U.S. trade treaty, law, agreement, or regulation in compliance with section 34.359 RSMo, complete **Table 5**.
- For those line items which are not manufactured or produced in the U.S., but for which there is only one U.S. Manufacturer of that product or line of products, complete **Table 6**.

TABLE 3 – U.S.-MANUFACTURED OR PRODUCED PRODUCTS (Eligible for Preference)

- List item numbers of products bid that are U.S.-manufactured or produced and therefore qualify for the Domestic Products Procurement Act Preference.
- List U.S. city and state where products bid are manufactured or produced.

Item #	U.S. City/State Where Manufactured/Produced	Item #	U.S. City/State Where Manufactured/Produced
GTP466	Long Island New York		
GTP465	Long Island New York		
SP18010	Long Island New York		

TABLE 4 – FOREIGN-MANUFACTURED OR PRODUCED PRODUCTS (Not Eligible for Preference)

- List item numbers of products bid that are foreign manufactured or produced and do not otherwise qualify for the Domestic Products Procurement Act Preference.
- List country where product bid is manufactured or produced.

Item #	Country Where Manufactured/Produced	Item #	Country Where Manufactured/Produced

(Exhibit continues on next page)

EXHIBIT A, *continued:* DOMESTIC PRODUCTS PROCUREMENT ACT (BUY AMERICAN) PREFERENCE

TABLE 5 -- FOREIGN-MANUFACTURED OR PRODUCED PRODUCTS BUT U.S. TRADE TREATY, LAW, AGREEMENT, OR REGULATION APPLIES (Eligible for Preference)

- List item numbers of products bid that are foreign manufactured or produced but qualify for the Domestic Products Procurement Act Preference because a U.S. Trade Treaty, Law, Agreement, or Regulation applies.
- Identify country where proposed foreign-made product is manufactured or produced.
- Identify name of applicable U.S. Trade Treaty, Law, Agreement, or Regulation that allows product to be brought into the U.S. duty/tariff-free.
- Identify website URL for the U.S. Trade Treaty, Law, Agreement, or Regulation.
- NOTE: As an imported product, if an import tariff is applied to the item, it does not qualify for the preference. In addition, "Most Favored Nation" status does not allow application of the preference unless the product enters the U.S. duty/tariff-free.

Item #	Country Where Proposed Foreign-Made Product is Manufactured/Produced	Name of Applicable U.S. Trade Treaty, Law, Agreement, or Regulation	Official Website URL for the U.S. Treaty, Law, Agreement, or Regulation

TABLE 6 – FOREIGN-MANUFACTURED OR PRODUCED PRODUCTS BUT ONLY ONE US MANUFACTURER PRODUCES PRODUCT OR LINE OF PARTICULAR GOOD (Eligible for Preference)

- List item numbers of products bid that are foreign manufactured or produced but qualify for the Domestic Products Procurement Act Preference because only one US Manufacturer produces the product or line of a particular good.
- Identify country where proposed foreign-made product is manufactured or produced.
- Identify sole US manufacturer name.
- Identify name of sole US manufactured product/line of particular good.

Item #	Country Where Proposed Foreign-Made Product is Manufactured/Produced	Sole US Manufacturer Name	Name of Sole US Manufactured Product or Line of Particular Good

The bidder is responsible for certifying the information provided on this exhibit is accurate by signing below:

I hereby certify that the information provided herein is true and correct, and complies with all provisions of sections 34.350 to 34.359, RSMo. I understand that any misrepresentation herein constitutes the commission of a class A misdemeanor.

SIGNATURE (If submitting bid electronically, scanned or typed signature is acceptable)

COMPANY NAME Complete Kits + Lodging

MO 300-1102N (7-13)

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.

Organization for the Blind/Sheltered Workshop Commitment Table 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.)	
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** *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.*
1.	Product/Service(s) proposed:
	IFB Paragraph References:
2.	Product/Service(s) proposed:
	IFB Paragraph References:

EXHIBIT C

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)*

EXHIBIT D

MISSOURI SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE PREFERENCE

Pursuant to section 34.074, RSMo, and 1 CSR 40-1.050, the Division of Purchasing and Materials Management (DPMM) has a goal of awarding three (3) percent of all contracts for the performance of any job or service to qualified service-disabled veteran business enterprises (SDVEs).

STANDARDS:

The following standards shall be used by the DPMM in determining whether an individual, business, or organization qualifies as an SDVE:

- Doing business as a Missouri firm, corporation, or individual or maintaining a Missouri office or place of business, not including an office of a registered agent;
- Having not less than fifty-one percent (51%) of the business owned by one (1) or more service-disabled veterans (SDVs) or, in the case of any publicly-owned business, not less than fifty-one percent (51%) of the stock of which is owned by one (1) or more SDVs. (An SDV is defined as any individual who is disabled as certified by the appropriate federal agency responsible for the administration of veterans' affairs.);
- Having the management and daily business operations controlled by one (1) or more SDVs;
- Having 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; and
- Possessing the power to make day-to-day as well as major decisions on matters of management, policy, and operation.

If a bidder meets the standards of a qualified SDVE as stated above and unless previously submitted within the past five (5) years to the DPMM, the bidder **must** provide the following SDV documents to receive the Missouri SDVE three (3) bonus point preference:

- 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),
- A copy of the SDV's documentation certifying disability by the appropriate federal agency responsible for the administration of veterans' affairs, and
- A completed copy of this exhibit.

(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.)

EXHIBIT D (continued)

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 bidder 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 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 **Bid/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

EXHIBIT E

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.

Complete Kit	037916529
Company Name	DUNS #
Barry Friedman	President
Authorized Representative's Printed Name	Authorized Representative's Title
	4/30/2014
Authorized Representative's Signature	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 voluntary 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.

DUKAL™ CORPORATION

PASSION. PARTNERSHIP. POSSIBILITIES.

Good Afternoon Goldie,

Below are the ingredients in our Item # GTP4661 & Item # GTP4685 toothpastes.

Ingredient Name	%
Sorbitol 70%	65.000
Water	13.630
SilicaAbsil 100	8.300
Silica M-Fill	8.100
Sodium Lauryl Sulfate	1.800
PEG 1500	1.000
Flavor	0.600
CarboxymethylCellulose(CMC)	0.550
Sodium Saccharin	0.300
Sodium Benzoate	0.300
Menthol	0.200

Best,

Rich DeJoseph
Account Executive Northeast

2 Fleetwood Court, Ronkonkoma, New York 11779 ~ Phone: 631-656-3800 ~ Fax: 631-656-3810

COMPLETE KITS
AND LODGING INC

State OF Missouri

IFB# B1E14273 - Personal Hygiene Products

Due Date: May 7, 2014

To Whom It May Concern;

Please be advised that we had our suppliers drop ship the required samples directly to you, due to the late timing we received this notice. Feel free to contact us if you have any additional questions.

We look forward to hear from you;

Complete Kits and Lodging

917.697.5157

Sales@1877kits.com

www.1877kits.com

Complete Kits inc.

The *complete* source for all your starter *kits*.

15

199 Lee Ave Suite# 669
Brooklyn, NY 11211

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Brooklyn, NY 11211

~~www.1877kits.com~~

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Bklyn NY 11211

$1.82
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11211 APR 30 20

DPPM
Po Box 809
Jefferson City Mo 65102-0809

RCVD MAY 7'14 AM11:09 DA-DPMM

IFB# B1E4273
Personal Hygiene Produc
Due 5/07/2014

USSI
631) 656-3800
UKAL CORPORATION
FLEETWOOD COURT
ONKONKOMA NY 11779-6907

3 LBS

1 OF 1

SHIP TO:
ATTN: KIRSTINA KRAMER
DIVISION OF PURCHASING & MM
CARE OF COMPLETE KITS
301 WEST HIGH STREET
JEFFERSON CITY MO 65102

MO 651 0-01

PS GROUND

RACKING #: 1Z 161 034 03 7041 5716

LLING: P/P

x Ref No.: Division of Purchasing & MM
LES ORDER: Attn: Kirstina Kramer
WS 17 0 31 LP2844 51.0A 04/2014

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301 W HIGH ST
JEFFERSON CITY MO 65101-1517

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PERU-RDL
1Z161034037041 5716
YJHIDLL MOJEF122 MAY 06 06:23:39 2014
US 6510 HIP 13.1.1 ZEBRAZM400

RCVD MAY 6'14 AM10:15 DA-DPMM