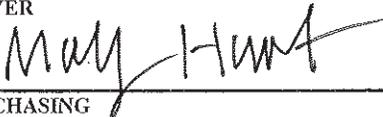




NOTICE OF CONTRACT AMENDMENT

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

| | |
|--|---|
| CONTRACT NUMBER C314064001 | CONTRACT TITLE Sewer Treatment Operations Services |
| AMENDMENT NUMBER 002 | CONTRACT PERIOD January 1, 2016 through December 31, 2016 |
| REQUISITION NUMBER NR 931 YYY15708465 | VENDOR NUMBER 4314353230 0 |
| CONTRACTOR NAME AND ADDRESS White Cloud Engineering & Construction PO Box 468 Maryville, MO 64468 | STATE AGENCY'S NAME AND ADDRESS Department of Corrections Maryville Treatment Center Maryville, MO |
| ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS: Contract C314064001 is hereby amended pursuant to the attached amendment #002, dated 9/14/15. | |
| BUYER Molly Hurt | BUYER CONTACT INFORMATION Email: Molly.Hurt@oa.mo.gov Phone: (573) 751-8900 Fax: (573) 526-9816 |
| SIGNATURE OF BUYER  | DATE 9-30-15 |
| DIRECTOR OF PURCHASING  Karen S. Boeger | |



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING
CONTRACT RENEWAL

AMENDMENT NO.: 002
CONTRACT NO.: C314064001
TITLE: Sewer Treatment Operation Services
ISSUE DATE: 09/10/15

REQ NO.: NR 931 YYY15708465
BUYER: Molly Hurt
PHONE NO.: (573) 751-8900
E-MAIL: molly.hurt@oa.mo.gov

TO: WHITE CLOUD ENGINEERING &
CONSTRUCTION COMPANY
PO BOX 468
MARYVILLE MO 64468

RETURN AMENDMENT BY NO LATER THAN: 09/24/15 AT 5:00 PM CENTRAL TIME

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

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

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

Department of Corrections
Maryville Treatment Center
Maryville Missouri

SIGNATURE REQUIRED

| | |
|------------------------------|--|
| DOING BUSINESS AS (DBA) NAME | WHITE CLOUD ENGINEERING & CONSTRUCTION |
| MAILING ADDRESS | PO BOX 468 |
| CITY, STATE, ZIP CODE | MARYVILLE, MO 64468 |

| | |
|--|---------------------|
| LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO. | SAME |
| IRS FORM 1099 MAILING ADDRESS | SAME |
| CITY, STATE, ZIP CODE | MARYVILLE, MO 64468 |

| | | | |
|---|---|--|--|
| CONTACT PERSON | | EMAIL ADDRESS | |
| BROCK PFOST | | whitecl@unitedsky.net | |
| PHONE NUMBER | | FAX NUMBER | |
| 660-582-4111 | | 660-582-4115 | |
| TAXPAYER ID NUMBER (TIN) | TAXPAYER ID (TIN) TYPE (CHECK ONE) | VENDOR NUMBER (IF KNOWN) | |
| 43-1435323 | <input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN | 4314353230 0 | |
| VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) | | | |
| <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt | | | |
| AUTHORIZED SIGNATURE | | DATE | |
| | | 9/14/15 | |
| PRINTED NAME | | TITLE | |
| BROCK PFOST | | PRESIDENT | |

AMENDMENT #002 TO CONTRACT C314064001

CONTRACT TITLE: Sewer Treatment Operation Services

CONTRACT PERIOD: January 1, 2016 through December 31, 2016

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

The contractor shall indicate below the firm fixed prices for the above contract period. Any price increases quoted must not exceed the maximum price stated in the contract.

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

| Line Item | Description | Second Renewal Period |
|-----------|---------------------------------|--|
| 001 | Sewer Treatment Plan Operations | \$ <u>3200</u> firm, fixed price per month |
| 002 | Sludge Removal/Disposal | \$ <u>300</u> firm, fixed price per ton |

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

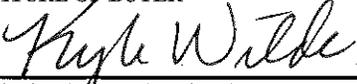
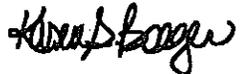
The contractor shall sign and return this document, along with completed pricing, on or before the date indicated.

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



NOTICE OF CONTRACT RENEWAL

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

| | |
|--|---|
| CONTRACT NUMBER C314064001 | CONTRACT TITLE Sewer Treatment Operation Services |
| AMENDMENT NUMBER Amendment #001 | CONTRACT PERIOD January 1, 2015 through December 31, 2015 |
| REQUISITION NUMBER NR 931 YYY14709303 | VENDOR NUMBER 4314353230 0 |
| CONTRACTOR NAME AND ADDRESS WHITE CLOUD ENGINEERING & CONSTRUCTION COMPANY PO BOX 468 MARYVILLE MO 64468 | STATE AGENCY'S NAME AND ADDRESS Department of Corrections Maryville Treatment Center Maryville Missouri |
| 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 Kyle Wilde | BUYER CONTACT INFORMATION Email: kyle.wilde@oa.mo.gov Phone: (573) 751-4148 Fax: (573) 526-9816 |
| SIGNATURE OF BUYER  | DATE 7/24/2014 |
| DIRECTOR OF PURCHASING AND MATERIALS MANAGEMENT  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://content.oa.mo.gov/purchasing-materials-management>

| | |
|--|---|
| SOLICITATION NUMBER B3Z14064 | CONTRACT TITLE Sewer Treatment Operation Services |
| CONTRACT NUMBER C314064001 | CONTRACT PERIOD January 1, 2014 through December 31, 2014 |
| REQUISITION NUMBER NR 931 YYY14709057 | VENDOR NUMBER 4314353230 0 |
| CONTRACTOR NAME AND ADDRESS WHITE CLOUD ENGINEERING & CONSTRUCTION COMPANY PO BOX 468 MARYVILLE MO 64468 | STATE AGENCY'S NAME AND ADDRESS Department of Corrections Maryville Treatment Center Maryville Missouri |
| ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS: The proposal submitted by White Cloud Engineering & Construction Company in response to B3Z14064 is accepted in its entirety. | |
| BUYER Leslie Kemna | BUYER CONTACT INFORMATION Email: leslie.kemna@oa.mo.gov Phone: (573) 751-4887 Fax: (573) 526-9816 |
| SIGNATURE OF BUYER | DATE 12/18/13 |
| DIRECTOR OF PURCHASING AND MATERIALS MANAGEMENT James Miluski | |



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

ORIGINAL

RFP NO.: B3Z14064
 TITLE: Sewer Treatment Operation Services - Maryville
 ISSUE DATE: October 25, 2013

REQ NO.: NR 931 YYY14709057
 BUYER: Leslie Kemna
 PHONE NO.: (573) 751-4887
 E-MAIL: leslie.kemna@oa.mo.gov

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

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

RETURN PROPOSAL TO: **(U.S. Mail)** DPMM **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:

Department of Corrections
 Maryville Treatment Center
 Maryville Missouri

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 White Cloud Engineering & Construction Co. | LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO. Same |
| MAILING ADDRESS PO Box 468 | IRS FORM 1099 MAILING ADDRESS Same |
| CITY, STATE, ZIP CODE Maryville, MO 64468 | CITY, STATE, ZIP CODE Same |

| | |
|--------------------------------|--|
| CONTACT PERSON Brock Pfof | EMAIL ADDRESS whitecl@unitedsky.net |
| PHONE NUMBER (660) 582-4111 | FAX NUMBER (660) 582-4115 |

| | | |
|--|---|---|
| TAXPAYER ID NUMBER (TIN) 43-1435323 | TAXPAYER ID (TIN) TYPE (CHECK ONE) <input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN | VENDOR NUMBER (IF KNOWN) 43143532300 |
|--|---|---|

VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)
 Corporation Individual State/Local Government Partnership Sole Proprietor IRS Tax-Exempt

| | |
|------------------------------------|--------------------|
| AUTHORIZED SIGNATURE <i>BPF</i> | DATE 10/28/13 |
| PRINTED NAME Brock Pfof | TITLE President |

WHITE CLOUD ENGINEERING & CONSTRUCTION, INC.

26101 Hallmark Rd., P.O. Box 468; Maryville, MO 64468
PHONE: 660-582-4111; FAX: 660-582-4115
E-Mail: whitecl@unitedsky.net

Brock Pfof, P.E.
Missouri Registration MO-E-22495
Iowa Registration No. 11782

American Society of Civil Engineers
National Society of Professional Engineers
Missouri Society of Professional Engineers
American Water Works Association

State of Missouri
Office of Administration
Leslie Kemna
Division of Purchasing and Materials Management
301 West High Street, RM 630
Jefferson City, MO 65101-1517

ORIGINAL

11/18/13

Leslie,

Enclosed please find our proposal for RFP No. B3Z14064; Sewer Treatment Operation Services at the Maryville, MO Department of Corrections.

Sincerely,

Brock Pfof,
President
White Cloud Engineering & Construction Co.

WHITE CLOUD ENGINEERING & CONSTRUCTION, INC.

26101 Hallmark Rd., P.O. Box 468; Maryville, MO 64468
PHONE: 660-582-4111; FAX: 660-582-4115
E-Mail: whitecl@unitedsky.net

Brock Pfof, P.E.
Missouri Registration MO-E-22495
Iowa Registration No. 11782

American Society of Civil Engineers
National Society of Professional Engineers
Missouri Society of Professional Engineers
American Water Works Association

11/15/13

Enclosed for your review are current copies of:

- *White Cloud Engineering & Construction Company's State of Missouri Professional Engineering Corporation license.
- *Donald Brock Pfof's State of Missouri Professional Engineering license.
- *Perry Courtney's Missouri Level C Wastewater Treatment certificate.
His address is 303 W. 2nd Street, Maryville, MO 64468
- *Sean Orendorff's Missouri Level C Wastewater Treatment certificate.
His address is 505 E. 6th Street, Grant City, MO 64456
- *Certificates of Liability and Workers Compensation insurance.
- *E-Verify participation signature page.

Sincerely,

Eric Carmichael
Office Manager
White Cloud Engineering & Construction Co.

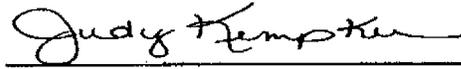
State of Missouri

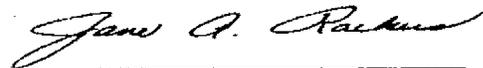
Department of Insurance, Financial Institutions and Professional Registration
Division of Professional Registration

Board for Architects, Engineers, Land Surveyors & Landscape Architects
Professional Engineering Corporation

VALID THROUGH DECEMBER 31, 2015
ORIGINAL CERTIFICATE/LICENSE NO. 2007011084

WHITE CLOUD ENGINEERING &
CONSTRUCTION COMPANY
P.O. BOX 468
MARYVILLE MO 64468
USA


EXECUTIVE DIRECTOR


DIVISION DIRECTOR

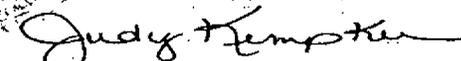
State of Missouri

Department of Insurance, Financial Institutions and Professional Registration
Division of Professional Registration

Board for Architects, Engineers, Land Surveyors & Landscape Architects
Professional Engineer

VALID THROUGH DECEMBER 31, 2015
ORIGINAL CERTIFICATE/LICENSE NO. 022495

DONALD BROCK PFOST
26239 HALLMARK ROAD
MARYVILLE MO 64468
USA



EXECUTIVE DIRECTOR


DIVISION DIRECTOR

Missouri Department of Natural Resources
Water Protection Program
Certificate of Competency



WASTEWATER TREATMENT - C

This is to Certify that

Perry N Courtney

having submitted satisfactory evidence of his/her qualifications, knowledge and experience, has been awarded this certificate of competency in wastewater treatment system operations, as provided for in Clean Water Commission, Certification of Wastewater Operators Rule 10 CSR 20-9.030, effective March 1, 1992.

CERTIFICATION NUMBER

7628

Gordon Beckler
Issued By

ORIGINAL ISSUE DATE

May 3, 2006

CERTIFICATE EXPIRES

May 31,



[Signature]
Director, Water Protection Program

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/14/2013

PRODUCER
SHACKLEFORD INSURANCE AGENCY, INC
PO BOX 157
IBERIA, MO. 65486
573-793-2412

INSURED WHITE CLOUD ENGINEERING AND CONSTRUCTION
CO. INC.
PO BOX 468
MARYVILLE, MO 64468

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

| INSURERS AFFORDING COVERAGE | NAIC# |
|--|-------|
| INSURER A. MISSOURI EMPLOYERS MUTUAL INS | |
| INSURER B: | |
| INSURER C: | |
| INSURER D: | |
| INSURER E: | |

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSTR. NO. | ADDITIONAL INSTR. NO. | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | | | | | | | | |
|-----------------------------|-----------------------|--|---------------|------------------------------------|-------------------------------------|---|---------------------|----------|--------------------|--------------|----------------------------|--------------|-----------------------------|--------------|
| | | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ | | | | | | | | |
| | | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ | | | | | | | | |
| | | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$ | | | | | | | | |
| | | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ | | | | | | | | |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe bounds SPECIAL PROVISIONS below OTHER | 1013556 | 05-15-12 05-15-13 | 05-15-13 05-15-14 | <table border="1"> <thead> <tr> <th>WC STATUTORY LIMITS</th> <th>OTH. FR.</th> </tr> </thead> <tbody> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 1,000,000</td> </tr> </tbody> </table> | WC STATUTORY LIMITS | OTH. FR. | E.L. EACH ACCIDENT | \$ 1,000,000 | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 | E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 |
| WC STATUTORY LIMITS | OTH. FR. | | | | | | | | | | | | | |
| E.L. EACH ACCIDENT | \$ 1,000,000 | | | | | | | | | | | | | |
| E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 | | | | | | | | | | | | | |
| E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 | | | | | | | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

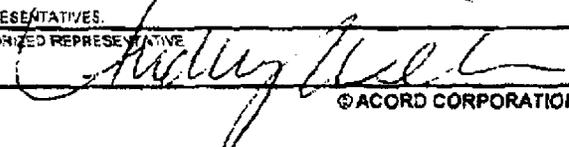
CERTIFICATE HOLDER

MISSOURI DEPARTMENT OF CORRECTIONS
MARYVILLE TREATMENT CENTER
30227 HWY 136 E
MARYVILLE, MO 64468

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/14/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

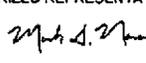
| | | | |
|---|--|--|-----------------------------|
| PRODUCER Cretcher Heartland, LLC 4551 West 107th Street, Third Floor Overland Park KS 66204 | CONTACT NAME: PHONE (A/C, No, Ext): 913-341-8998 | | FAX (A/C, No): 913-341-2923 |
| | E-MAIL ADDRESS: | | |
| | | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | | INSURER A: United Fire & Casualty Company | 13021 |
| | | INSURER B: | |
| | | INSURER C: | |
| | | INSURER D: | |
| | | INSURER E: | |
| | | INSURER F: | |

COVERAGES **CERTIFICATE NUMBER: 247807232** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSR | WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|---|----------------|-----|---------------|-------------------------|-------------------------|---|-------------|
| A | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | 60322725 | 5/15/2013 | 5/15/2014 | EACH OCCURRENCE | \$1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$100,000 |
| | | | | | | | MED EXP (Any one person) | \$5,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$2,000,000 |
| | | | | | | | | \$ |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | 60322725 | 5/15/2013 | 5/15/2014 | COMBINED SINGLE LIMIT (Ea accident) | \$1,000,000 |
| | | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| A | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | 60322725 | 5/15/2013 | 5/15/2014 | EACH OCCURRENCE | \$4,000,000 |
| | | | | | | | AGGREGATE | \$4,000,000 |
| | | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | Y/N | N/A | | | WC STATUTORY LIMITS | OTHER |
| | | | | | | | E.L. EACH ACCIDENT | \$ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

| | |
|---|--|
| CERTIFICATE HOLDER Missouri Department of Corrections Maryville Treatment Center 30227 Hwy 136 E. Maryville MO 64468 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  |
|---|--|

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Company ID Number: 179688

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

Employer **White Cloud Engineering & Construction Company**

Eric K Carmichael

Name (Please Type or Print)

Title

Electronically Signed

Signature

01/13/2009

Date

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Please Type or Print)

Title

Electronically Signed

Signature

01/13/2009

Date

4. PRICING PAGE

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

| Line Item | Description | Original Contract Period <i>Firm, Fixed Price</i> | First Renewal Period <i>Maximum Price</i> | Second Renewal Period <i>Maximum Price</i> |
|-----------|----------------------------------|--|--|--|
| 001 | Sewer Treatment Plant Operations | \$ <u>3200</u> ⁰⁷ <i>Per Month</i> | \$ <u>3200</u> ⁰⁷ <i>Per Month</i> | \$ <u>3300</u> ⁰⁷ <i>Per Month</i> |
| 002 | Sludge Removal/Disposal | \$ <u>300</u> ⁰⁷ <i>Per Ton</i> | \$ <u>300</u> ⁰⁷ <i>Per Ton</i> | \$ <u>300</u> ⁰⁷ <i>Per Ton</i> |

EXHIBIT ACURRENT/PRIOR EXPERIENCE VERIFICATION

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

| | |
|---|--|
| Offeror Name or Subcontractor Name: <u>WHITE CLOUD ENG + CONST. Co.</u> | |
| Experience/Service Information Verification (Current/Prior Services Performed For:) | |
| Name of Company/Client: | <u>STATE of MISSOURI, CA, DIV. of FACILITIES MGMT.</u> |
| Address of Company/Client ✓ Street Address ✓ City, State, Zip | <u>301 WEST HIGH, Rm 630 JEFFERSON CITY MO 65101</u> |
| Company/Client Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address | <u>FACILITY CONTACT: MR. TROY RABAN, MTC CALL - 541-5213</u> |
| Dates of Services: | <u>DATE FACILITY OPENED UNTIL PRESENT</u> |
| If service/contract has terminated, specify reason: | <u>N/A.</u> |
| Dollar Value of Services | <u>\$3600/MONTH</u> |
| Description of Services Performed | <u>OPERATION of WASTEWATER TREATMENT FACILITY IN ACCORDANCE w/ MDNR-EPA REGS. ALSO IS INCLUDED REQUIRED ENGINEERING SERVICES + DNR COMMUNICATION</u> |

OTHER REFERENCES - WASTEWATER MGMT.

UNITED SERVICES - 10 FACILITIES 1-800-748-1488

CITY of MARYVILLE - 2 FACILITIES 660-562-8012

CITY of PICKERING

CITY of PARNELL

MIDDLE FORK WATER Co.

EXHIBIT B

MISCELLANEOUS INFORMATION

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

| Facility, Name & Location | Permit Number |
|---------------------------------|---------------|
| 1. ST. JOSEPH SANITARY LANDFILL | MO-0119369 |
| 2. | |
| 3. | |

Outside United States

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

| | | |
|--|------------------------------|--|
| Are products and/or services being manufactured or performed at sites outside the United States? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Describe and provide details: | | |

Employee/Conflict of Interest:

| | |
|---|---------|
| Offerors who are elected or appointed officials or employees of the State of Missouri or any political subdivision thereof, serving in an executive or administrative capacity, must comply with sections 105.450 to 105.458, RSMo, regarding conflict of interest. If the offeror or any owner of the offeror's organization is currently an elected or appointed official or an employee of the State of Missouri or any political subdivision thereof, please provide the following information: | |
| Name and title of elected or appointed official or employee of the State of Missouri or any political subdivision thereof: | |
| If employee of the State of Missouri or political subdivision thereof, provide name of state agency or political subdivision where employed: | |
| 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 C
BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION,
AND AFFIDAVIT OF WORK AUTHORIZATION

BUSINESS ENTITY CERTIFICATION:

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

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

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

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

BOX A – CURRENTLY NOT A BUSINESS ENTITY

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

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

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

Authorized Representative's Name (Please Print)

Authorized Representative's Signature

Company Name (if applicable)

Date

EXHIBIT C, continued

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

BOX B – CURRENT BUSINESS ENTITY STATUS

I certify that White Cloud Eng & Const (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530.

BRUCE PROST, PRESIDENT

Authorized Business Entity Representative's Name (Please Print)

BP/H

Authorized Business Entity Representative's Signature

White Cloud Eng & Const.

Business Entity Name

10/28/13

Date

whitecloudunitedsky.net

E-Mail Address

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

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

AND

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

AND

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

EXHIBIT C, continued

AFFIDAVIT OF WORK AUTHORIZATION:

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

Comes now Brock Prost (Name of Business Entity Authorized Representative) as President (Position/Title) first being duly sworn on my oath, affirm White Cloud Eng & Const. (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 White Cloud Eng & Const. (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.)

BP/H
Authorized Representative's Signature

BROCK PROST
Printed Name

PRESIDENT
Title

11/18/13
Date

whitcloudeng.com
E-Mail Address

179688
E-Verify Company ID Number

Subscribed and sworn to before me this 18th of November 2013 am
(DAY) (MONTH, YEAR)

commissioned as a notary public within the County of Nodaway, State of
(NAME OF COUNTY)

Missouri, and my commission expires on 6/18/2015.
(NAME OF STATE) (DATE)

Kelly Stelter
Signature of Notary

11/18/13
Date



EXHIBIT C, continued

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

BOX C – AFFIDAVIT ON FILE - CURRENT BUSINESS ENTITY STATUS

I certify that _____ (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: _____

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

Authorized Business Entity Representative's Name (Please Print)

Authorized Business Entity Representative's Signature

Business Entity Name

Date

E-Mail Address

E-Verify MOU Company ID Number

FOR STATE OF MISSOURI USE ONLY

Documentation Verification Completed By:

Buyer

Date

EXHIBIT D
PARTICIPATION COMMITMENT

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

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

EXHIBIT E

DOCUMENTATION OF INTENT TO PARTICIPATE

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

~ Copy This Form For Each Organization Proposed ~

Offeror Name:

White Cloud Eng & Const. Co.

This Section To Be Completed by Participating Organization:

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

Indicate appropriate business classification(s):

Organization for the Blind X Sheltered Workshop

Name of Organization:

NOCOMO SHELTERED WORKSHOP.

(Name of Organization for the Blind or Sheltered Workshop)

Contact Name:

Nicki Samson

Email:

nickinocomo@embarqmail.com

Address:

319 S. Newton St.

Phone #:

(660) 582-2928

City:

Maryville

Fax #:

(660) 582-7414

State/Zip:

MO 64468

Certification #

05-011945-023

(or attach copy of certification) (Doc)

Certification Expiration Date: new certification to come.

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

PAVILIONS FOR BIODELIOS < 2% IF CONTRACT AMT.

Authorized Signature:

Nicki Samson

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

11-18-13

Date (Dated no earlier than the RFP issuance date)

THE MISSOURI DEPARTMENT OF ELEMENTARY
AND SECONDARY EDUCATION'S

Certificate of Authority

to establish and operate an
Extended Employment Sheltered Workshop



This certifies that
NOCOMO, Inc.

has satisfied all requirements set forth in Missouri statutes and
is hereby entitled to receive this certificate of authority.

This certificate becomes effective *November 1, 2012*, and expires *October 31, 2013*
unless revoked for cause prior to that date.

Fulvia D. Berg

Director, Extended Employment Sheltered Workshops



Chris Mearns

Commissioner of Education

EXHIBIT F**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 an offeror meets the standards of a qualified SDVE as stated above and unless previously submitted within the past five (5) years to the DPMM, the offeror **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 F (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 offeror should check the appropriate statement below and, if applicable, provide the requested information.

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

Date SDV Documents were Submitted: _____

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

(if applicable and known)

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

FOR STATE USE ONLY

SDV's Documents - Verification Completed By:

Buyer

Date

