NOTICE OF CONTRACT RENEWAL

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

CONTRACT NUMBER	CONTRACT TITLE
C315047003	PREA Audit
AMENDMENT NUMBER	**CONTRACT PERIOD**
Amendment #002	February 1, 2017 through January 31, 2018
REQUISITION/REQUEST NUMBER	**SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID**
NR 931 YYY17708004	5418599030 0/ MB00023125
CONTRACTOR NAME AND ADDRESS	**STATE AGENCY'S NAME AND ADDRESS**
G4S YOUTH SERVICES LLC 6302 BENJAMIN RD STE 400 TAMPA FL 33634-5116	Department of Corrections Various Locations

ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:

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

All other terms, conditions and provisions of the contract, including all prices, shall remain the same throughout the above contract period and apply hereto.

SIGNATURE OF CONTRACTOR IS NOT REQUIRED ON THIS DOCUMENT.

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

DIRECTOR OF PURCHASING

Karen S. Boeger

NOTICE OF CONTRACT RENEWAL

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

CONTRACT NUMBER	CONTRACT TITLE
C315047003	PREA Audit
AMENDMENT NUMBER	**CONTRACT PERIOD**
Amendment #001	February 1, 2016 through January 31, 2017
REQUISITION NUMBER	**VENDOR NUMBER**
NR 931 YYY16708037	5418599030 0
CONTRACTOR NAME AND ADDRESS	**STATE AGENCY'S NAME AND ADDRESS**
G4S YOUTH SERVICES LLC 6302 BENJAMIN RD STE 400 TAMPA FL 33634-5116	Department of Corrections Various Locations

ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:

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

All other terms, conditions and provisions of the contract, including all prices, shall remain the same throughout the above contract period and apply hereto.

SIGNATURE OF CONTRACTOR IS NOT REQUIRED ON THIS DOCUMENT.

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

DIRECTOR OF PURCHASING

Karen S. Boeger

Karen S. Boeger

NOTICE OF AWARD

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

SOLICITATION NUMBER	CONTRACT TITLE
B3Z15047	PREA Audit
CONTRACT NUMBER	**CONTRACT PERIOD**
C315047003	February 9, 2015 through January 31, 2016
REQUISITION NUMBER	**VENDOR NUMBER**
NR 931 YYY14708409	5418599030 0
CONTRACTOR NAME AND ADDRESS	**STATE AGENCY'S NAME AND ADDRESS**
G4S YOUTH SERVICES LLC 6302 BENJAMIN RD STE 400 TAMPA FL 33634-5116	Department of Corrections Various Locations

ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:

The proposal submitted by G4S Youth Services LLC in response to B3Z15047 is accepted in its entirety.

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

DIRECTOR OF PURCHASING AND MATERIALS MANAGEMENT

Karen S. Boeger

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

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

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

RETURN PROPOSAL NO LATER THAN: 10/07/14 AT 2:00 PM CENTRAL TIME

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

	(U.S. Mail)		(Courier Service)
RETURN PROPOSAL TO:	**DPMM**	**or**	**DPMM**
	PO BOX 809		***301 WEST HIGH STREET, RM 630***
	JEFFERSON CITY MO 65102-0809		**JEFFERSON CITY MO 65101-1517**

CONTRACT PERIOD: Effective Date of Award through One Year

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

Department of Corrections

The offeror hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions Request for Proposal (Revised 12/27/12). The offeror further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The offeror further agrees that upon receipt of an authorized purchase order from the Division of Purchasing and Materials Management or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the offeror and the State of Missouri.

SIGNATURE REQUIRED

DOING BUSINESS AS (DBA) NAME	LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO.
G4S Youth Services, LLC	G4S Youth Services, LLC
MAILING ADDRESS	IRS FORM 1099 MAILING ADDRESS
6302 Benjamin Road, Suite 400	6302 Benjamin Road, Suite 400
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
Tampa, Florida 33634	Tampa, Florida 33634

CONTACT PERSON	EMAIL ADDRESS
Peter Plant	Peter.plant@us.g4s.com
PHONE NUMBER	FAX NUMBER
813-514-6275	813-514-6723

TAXPAYER ID NUMBER (TIN)	TAXPAYER ID (TIN) TYPE (CHECK ONE)	VENDOR NUMBER (IF KNOWN)
54-1859903	X FEIN ___ SSN	FL1200255 54185990300

VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)

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

AUTHORIZED SIGNATURE	DATE
James C. Hill, Jr.	10/03/2014
PRINTED NAME	TITLE
James C. Hill, Jr.	President

Submitted by G4S Youth Services, LLC

State Of Missouri
Department Of Purchasing and Materials Management
RFP B3Z15047
PREA Audit

Opening Date: October 7, 2014 at 2:00pm

ORIGINAL **RFP Response**

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October 3, 2014

Roy Burgess
State of Missouri
Office of Administration
Division of Purchasing and Materials Management
301 West High Street, Room 630
Jefferson City, MO 65101-1517

RE: RFP No. b3z15047 – PREA Audit RFP/QVL

Dear Mr. Burgess:

G4S Youth Services submits this proposal to the State of Missouri for the provision of Prison Rape Elimination Act (PREA) audits for the Department of Corrections. G4S has the corporate infrastructure, financial resources, extensive experience and expertise to deliver quality PREA compliance audit services to the Department. G4S' broad range of experience will be utilized to successfully perform the work required, meet standards, mitigate risks and exceed customer expectations. As a company, G4S offers the following advantages to the State of Missouri:

Financial Stability: As a subsidiary of the world's leading security solutions provider, G4S Youth Services is part of the financially strong and long-standing group of companies, G4S plc., and has qualified resources to draw upon when needed. G4S plc. employs over 620,000 staff in 120 countries.

In-Depth PREA Auditing Experience: G4S has been awarded contracts from:

- The **Missouri Department of Social Services, Division of Youth Services,** to conduct PREA audits at fifteen (15) of their juvenile facilities;
- The **State of Connecticut Judicial Branch** to conduct PREA audits at two (2) of their juvenile detention facilities;
- The **Connecticut Association of Non-Profits**, selected as the Preferred PREA Audit Vendor for all their Member Agencies;
- The **Virginia Department of Corrections** to conduct PREA audits at nine (9) of their adult correctional facilities;
- The **Georgia Department of Juvenile Justice** to conduct PREA audits at seven (7) of its juvenile detention and residential programs;
- The **Georgia Department of Corrections** to conduct PREA audits at eighteen (18) of its adult facilities;

- The **New Jersey Juvenile Justice Commission** to conduct PREA audits at five (5) of their juvenile facilities;

- The **Minnesota Department of Corrections** to conduct PREA audits at three (3) of their adult facilities;

- The **Wyoming Department of Corrections** to conduct PREA audits at two (2) of its adult facilities;

- The **Alaska Department of Health & Social Services, Division of Juvenile Justice** to conduct PREA audits at eight (8) of their juvenile facilities;

- A **Florida County Sherriff's Office** to conduct a PREA Audit of their jail;

- A **Florida County Sherriff's Office** to conduct a PREA Audit of their Juvenile Detention Center;

- A **Tennessee County Sherriff's Office** to conduct a PREA Audit of their juvenile detention center; and,

- Three private providers of juvenile residential treatment services to conduct PREA audits at their combined seven (7) **Tennessee** facilities.

To date we have completed twenty-nine (29) adult and juvenile PREA Audits, and approximately five (5) more are currently in progress.

Capacity to Provide Auditing Services: Four of our staff are United States Department of Justice Certified PREA Auditors. Three of the four are Certified in both Adult and Juvenile facilities, and the fourth, Certified in Juvenile facilities, is awaiting his Certification in Adult Facilities. On August 12, 2014, the PREA Resource Center dramatically changed its Certification classification:

Auditor Certification Change

DOJ has amended the certification protocol for PREA auditors. The new protocol consists of certification as an adult facilities auditor, a juvenile facilities auditor, or certification for both types of facilities where experience warrants. With an adult facilities certification, an auditor is certified and able to audit adult prisons, jails, community confinement facilities, and lockups. With a juvenile facilities certification, an auditor is certified and able to audit all facilities whose primary use is for the confinement of juveniles pursuant to the juvenile justice system or criminal justice system. This change is retroactive and all current auditors' certifications will be modified on the PRC website to reflect this change

Thus, three of our current staff are certified to conduct PREA audits at community confinement facilities.

Additionally, G4S has provided Juvenile Justice Delinquency Prevention Act (JJDPA) compliance monitoring services to the Florida Department of Juvenile Justice, encompassing 1,221 adult and juvenile facilities in Florida since 2002. G4S has also provided JJDPA compliance monitoring services to the State of Texas for over 12 years, monitoring approximately 780 adult and juvenile facilities annually, and the State of Rhode Island for the last nine years.

G4S is also a leading provider of treatment services. We currently operate 32 juvenile detention, residential and outpatient treatment programs in Florida, Arkansas, Tennessee and Texas, and operate 17 alternative education schools in Florida, Arkansas and Tennessee. G4S Youth Services provides employment to over 1,700 individuals and supervises over 1,500 young males and females on a daily basis.

Peter Plant, Senior Vice President, is the official contact for this proposal and has the authority to bind the company to any contract awarded pursuant to the solicitation. He will be available by phone or in person, as may be appropriate regarding this bid. If any aspect of this proposed plan needs clarification, please do not hesitate to contact him at the address above or 813.784.4478 or by email at Peter.Plant@us.g4s.com.

On behalf of G4S Youth Services, this letter certifies several components as required in the RFP:

1) Provider information is as follows:
   G4S Youth Services, LLC
   6302 Benjamin Road, Suite 400 Tampa, Florida 33634
   813-514-6275
   Official: Peter Plant, Senior Vice President
   FEIN: 54-1859903-002
   DUNS: 95-916-3064
2) G4S Youth Services, LLC is registered with the Missouri Secretary of State.
3) Our Missouri Certificate of Good Standing is attached.
4) On behalf of G4S, this letter certifies that the prospective Provider agrees to all terms and conditions contained in the Request for Proposal for which this proposal is submitted;
5) On behalf of G4S, this letter certifies that neither G4S nor its principals are presently debarred, suspended, or proposed for debarment, or have been declared ineligible or voluntarily excluded from participation in this Procurement/contract by any federal department or agency;
6) On behalf of G4S, this letter certifies that neither G4S or anyone acting on its behalf have contacted anyone, between the release of the solicitation and due date of this solicitation, any employee or officer of the executive or legislative branch concerning any aspect of this solicitation, except in writing to the procurement manager or as provided in the solicitation documents.
7) Proof of compliance with E-Verify is attached.
8) We have added the State of Missouri as an additional insured, attached.

I look forward to a new partnership with the State of Missouri and the Missouri Department of Corrections.

Sincerely,

James C. Hill, Jr.
President

UNDERSTANDINGS & METHODOLOGY

G4S Youth Services understands and agrees that the purpose of this RFP and resulting contract is to establish a Qualified Vendors List (QVL) for Prison Rape Elimination Act (PREA) facility audits for community supervision centers and community release centers for the Missouri Department of Corrections. We also understand and agree that the purpose of the contract is to obtain PREA facility audit(s) on an as needed, when needed basis, and that we will conduct all contract responsibilities consistent with this purpose.

We further understand and agree that the contractor must be a USDOJ-Certified Auditor for Adult Facilities (per the PREA Resource Center (PRC), this certification now includes community confinement facilities). Three of our four PREA Auditor staff are currently Certified to conduct PREA audits in Adult facilities. All audits will be conducted using the PRC audit instrument for community confinement facilities, in accordance with the timeframes established by the MDOC.

The PREA Audit process is highly structured, consisting of three separate and distinct stages – Pre-Audit, Audit, and Post-Audit. Each stage contains specific requirements and activities to be conducted and completed. For the audit to be valid, all of these stages must be conducted.

A. Pre-Audit Stage

Once the contract between the State and G4S has been finalized, we will meet with the Missouri Department of Corrections PREA Coordinator (PC) to introduce our staff and review the Audit Plan. We will also request the contact information for the PREA Compliance Manager (PCM) or Managers at the facilities where the audits are to be conducted. At this time we will ask the PCM to post the Notice of Upcoming PREA Audit at least six (6) weeks prior to the scheduled on-site audit dates. This Notice must be posted in areas, such as housing units, where all residents and facility staff can view it. The Notice will contain information as to how the auditor can be confidentially contacted prior to, during, and after the audit, and during the six-month Corrective Action period, if needed. We will provide a Post Office Box address for this confidential communication.

During the initial meeting we will provide the PC with directions as to how to access and complete the Pre-Audit Questionnaire. This document establishes the foundation of the audit. It asks for descriptive information about the agency and the facilities to be audited. There are a series of inquiries, regarding the agency's or facility's experience with the Community Confinement Standards (such as occurrences and incident data) and requests the uploading of relevant Policies and Procedures, among other documents.

Once the Questionnaire is completed we will begin the review of responses and the Policies and Procedures and related documents. We will make a list of any questions or concerns we may have and meet with the CP and PCM(s) to get clarifications, and if necessary, request additional documentation. We will also use this opportunity to explain the On-Site Audit and Post-Audit processes and answer any questions they may have. Additionally, we will confirm with them the dates of the on-site visit.

These initial conversations with the PC and PCM(s) will establish a relationship between them and the Auditor that will continue throughout the audit. Our view is that while the audit process is highly structured, our primary responsibility is to work with Missouri agency and facility administrators to achieve compliance with all of the Standards. Ongoing communication is critical to achieving this mutual goal.

While we are awaiting the completion and uploading of the Pre-Audit Questionnaire, we will attempt to contact community-based or victim advocates who may have insight into relevant conditions at the facility or facilities scheduled for audit. It should be noted that one of the most significant requirements in gathering and evaluating data to assess degrees of compliance is that those data must be reliable, supported by credible evidence. Unsupported anecdotal opinions cannot be used to inform a compliance decision.

The final activity in the Pre-Audit phase is to initiate the Auditor Compliance Tool with the responses from the Questionnaire, entering notes from the review and discussions.

B. On-Site Audit Stage

The On-Site Audit Stage consists of three distinct elements. The first is the Facility Tour. We are required to observe all areas of the audited facility in order to verify compliance with the standards. This includes paying attention to how well supervised residents are, and notice blind-spots and any other indicators that an area of the facility is not being monitored in a way that keeps residents safe from sexual abuse. By the same token we are to take note of everything the facility is doing correctly or even exceeding in certain regards. It is important to keep in mind that the Final Report will reflect not only the compliance deficits, but also where the facility and/or agency is meeting and/or exceeding the standards.

The areas of the facility to be toured include:

1) Intake/reception/screening area
2) All housing units, including cell blocks (if there are any) and dormitories
3) Segregated housing units (SHUs)
4) Health care (medical and mental health clinics, infirmaries, and housing units)
5) Recreation, cafeteria (if there is one), and work areas, other programming areas (e.g., education or special education areas)
6) Areas that were renovated, modified, or expanded

As we conduct the tour, we will be taking notes and asking residents and staff various questions, related to the standards.

The second element involves the additional review of policies, procedures, reports, internal and external audits, and accreditations. We will also sample and review relevant documents and records for the most recent one-year period.

Finally, the On-Site Audit Stage will be completed with the interviews of both residents and staff. This will include both random and targeted interviews (e.g., residents who have reported

sexual abuse, transgender and intersex residents). Staff interviews will include Administrators/Supervisors (e.g., Agency Head or Designee, PREA Coordinator, PREA Compliance Manager, and Program Director or Designee) and Specialized Staff (e.g., Medical and Mental Health Care Staff, Education and Program Staff, Investigative Staff).

C. Post-Audit Stage

The Post-Audit Stage includes five elements. The first is the completion of the Auditor Compliance Tool. This involves entering a response for each standard and sub-standards based on our review of agency and facility policies and procedures, documentation, and data. We also incorporate the results of our resident and staff interviews and the tour of the facility.

Second, we then make a determination of compliance for each standard, entering commentary to justify our decision. This is followed by an overall determination of compliance. This determination of whether the facility has met the standard subsections is based on:

- Agency/facility policies that are consistent or inconsistent with requirements.
- Review of documentation for evidence validating compliance with requirements.
- Observations during the tour that provide evidence that supports or contradicts adherence to the requirements.
- Interviews with staff and residents that confirm or refute agency/facility practices.

The determination of compliance with the overall standard is categorized, as follows:

- Exceeds Standard: substantially exceeds requirement of standard
- Meets Standard: substantial compliance; complies in all material ways with the standard for the relevant review period
- Does Not Meet Standard: requires corrective action

The third element is the development of the Auditor's Summary Report. This Report captures the data, findings, and conclusions, discussed above. Specifically:

- Agency/facility information.
- Narrative describing the audit process.
- Description of facility characteristics.
- Summary of audit findings.
- Number of provisions achieved at each level.
- Determination for each standard.
- Auditor certification.

The last item on the list, above, is a Certification of the Auditor that the contents of the Report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

The fourth element is the development with the PC and PCM(s) of a Corrective Action Plan, if necessary, based on any finding of "Does not meet the standard." The Plan details the deficiencies, minimal remedial measures, timeline for achieving compliance, and schedule of deliverables. Each measure will list actions, which are directly linked to standard requirements; designed to address the deficiency; and, bring facility in compliance with the standard. Each action will be clear and specific, ensuring that it is achievable, and will detail any documentation required to demonstrate compliance.

The final element is the verification of the Corrective Action Plan, if required. The auditor will verify implementation of the Corrective Action Plan, issue a final determination, and complete a final PREA audit report. If no Corrective Action plan is required, then the auditor will provide the final report only.

Again, throughout these stages we will communicate with agency and facility administrators to clarify any issues we encounter and to ensure that we correctly understand the data and documents under review.

Given the high structure and mandatory requirements to ensure the integrity and validity of the final Audit Report, we do not anticipate any deviations from this approach and methodology, nor from the requirements of the RFP.

PREA CORPORATE OVERSIGHT AND SUPPORT

Peter Plant, Senior Vice-President for Education and Policy Development: The Missouri DOC PREA audit project will be overseen by Peter Plant. Mr. Plant will perform as the Corporate Project Supervisor, responsible for the overall management and supervision of the project, as well as providing training and technical assistance, as required. Mr. Plant is a U.S. DOJ Certified PREA Auditor in both Adult and Juvenile Facilities.

Mr. Plant has worked with the development and management of compliance monitoring initiatives for over 30 years and in is a nationally recognized expert. His association with the JJDPA began prior to Congress passing the Act in 1975. As a member of the Board of Directors of the National Youth Work Alliance, he and other state representatives of youth-related organizations were asked by Senator Birch Bayh of Indiana, the primary author of the Act, to review the draft legislation and provide recommendations for improving it. This revised draft was enacted, and the following year, Wisconsin governor Patrick Lucey appointed Mr. Plant to the State's first Juvenile Justice and Delinquency Prevention Act State Advisory Committee. Mr. Plant was subsequently reappointed to the Committee by Governor Sherman Dreyfus in 1979 and by Governor Anthony Earl in 1982.

From 1976 to 1984, Mr. Plant was on the staff of the Wisconsin Youth Policy and Law Center, where he authored major sections of the state's revised Children's Code to bring the state into compliance with requirements of the JJDPA.

In 1984, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) initiated a five-year program through its national technical assistance provider, Community Research Associates, to

assist states with efforts to come into compliance with the Act's requirements. Mr. Plant was selected as a Consultant Associate for the project. In the position, he provided technical assistance and training to Colorado, Idaho, Indiana, Minnesota, Mississippi, Nebraska, Nevada, North Dakota, Ohio, South Carolina and Vermont.

In 1985, the State of Florida requested the Florida Center for Children and Youth to conduct the Florida JJDPA Audit Project to assess and improve the state's ability to monitor compliance with the Act. Mr. Plant was selected as the project's lead researcher, and in this capacity, conducted the first on-site monitoring and verification visits to adult jails and juvenile detention centers. The project collected data for the years 1985, 1986 and 1987, which served as the basis for the state's Annual Compliance Monitoring Reports to OJJDP for those years.

A major project finding was that portions of the state's Juvenile Justice Codes were in conflict with the Act. Subsequently, Mr. Plant was selected to staff the 1989-1990 Florida Juvenile Justice System Review Task Force and wrote both the Preliminary and Final Reports. These reports served as the basis for the Florida Juvenile Justice Reform Act of 1990, a comprehensive revision of the F.S. Chapter 39 (Juvenile Justice and delinquency statute). This legislative enactment brought the state's laws into compliance with the Act.

Subsequent to the passage of the JJDP Act of 2002, Mr. Plant was invited by OJJDP to participate in the workgroup that revised the JJDPA Compliance Monitoring Guidance Manual that is currently posted on OJJDP's website.

Exhibit D

EXHIBIT D, 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 G4S Youth Services, LLC (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: Department of Purchasing and Materials Management

(*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: 03/18/2014

Previous **Bid/Contract Number** for Which Previous E-Verify Documentation Submitted: B3Z14275 (if known)

James C. Hill, Jr. Authorized Business Entity Representative's Name (Please Print)	*Authorized Business Entity Representative's Signature*
G4S Youth Services, LLC Business Entity Name	10/01/2014 Date
jim.hill@us.g4s.com E-Mail Address	68952 E-Verify MOU Company ID Number

FOR STATE OF MISSOURI USE ONLY

Documentation Verification Completed By:

Buyer	Date

E-Verify Memorandum Of Understanding

Company ID Number: 68952

MEMORANDUM OF UNDERSTANING BETWEEN THE DEPARTMENT OF HOMELAND SECURITY, SOCIAL SECURITY ADMINISTRATION, AND DESIGNATED AGENT REGARDING E-VERIFY

1. **PARTIES.** The parties to this Agreement are the Department of Homeland Security, U.S. Citizenship and Immigration Services (DHS-USCIS), the Social Security Administration (SSA), and **Wackenhut National Research Center** (Designated Agent).

2. **AUTHORITY.** This E-Verify Agreement is authorized under the provisions of Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009.

3. **PURPOSE.** The purpose of this Agreement is to set forth terms by which SSA and DHS will provide information to **Wackenhut National Research Center** (Designated Agent) on behalf of their client in order to confirm the employment eligibility of all newly hired employees of their client following completion of the Employment Eligibility Verification Form (Form I-9).

4. ***RESPONSIBILITIES:***

a. SSA

i. Upon completion of the Form I-9 by the employee and the Employer, and provided the Employer complies with the requirements of this MOU, SSA agrees to provide the Designated Agent on behalf of the Employer with available information that will allow the Employer to confirm the accuracy of Social Security Numbers provided by all newly hired employees and the employment authorization of some newly hired employees.

ii. The SSA agrees to provide to the Designated Agent appropriate assistance with operational problems that may arise during the Employer's participation in E-Verify. The SSA agrees to provide the Designated Agent with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during participation in E-Verify.

iii. The SSA agrees to safeguard the information provided by the Employer through E-Verify procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the confirmation of Social Security Numbers and for evaluation of E-Verify or such other persons or entities who may be authorized by the SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).

Company ID Number: 68952

MEMORANDUM OF UNDERSTANING BETWEEN THE DEPARTMENT OF HOMELAND SECURITY, SOCIAL SECURITY ADMINISTRATION, AND DESIGNATED AGENT REGARDING E-VERIFY

iv. SSA agrees to establish a means of automated confirmation that is designed (in conjunction with the Department of Homeland Security's automated system if necessary) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government workdays of the initial inquiry.

v. SSA agrees to establish a means of secondary confirmation (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to SSA, unless it determines that more than 10 days may be necessary. In such cases, SSA will provide additional confirmation instructions.

b. DHS-USCIS

i. Upon completion of the Form I-9 by the employee and the Employer, and completion by the Designated Agent of SSA confirmation procedures required prior to initiation of Department of Homeland Security confirmation procedures, DHS-USCIS agrees to provide the Designated Agent on behalf of the Employer access to selected data from the DHS-USCIS' database to enable the Designated Agent to conduct automated confirmation checks on newly hired alien employees by electronic means.

ii. DHS-USCIS agrees to provide to the Designated Agent appropriate assistance with operational problems that may arise during the Employer's participation in E-Verify. DHS-USCIS agrees to provide the Designated Agent names, titles, addresses, and telephone numbers of DHS-USCIS representatives to be contacted during participation in E-Verify, including one or more individuals in each DHS-USCIS district office covering an area in which the Employer hires employees covered by this MOU.

iii. DHS-USCIS agrees to provide to the Employer, through the Designated Agent, E-Verify and Designated Agent E-Verify User Manual containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS-USCIS, including restrictions on use of E-Verify procedures. DHS-USCIS agrees to provide training materials on E-Verify.

iv. DHS-USCIS agrees to provide to the Employer, through the Designated Agent, a notice, which indicates the employer's participation in E-Verify. DHS-USCIS also agrees to provide to the Employer, through the Designated Agent,

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MEMORANDUM OF UNDERSTANING BETWEEN THE DEPARTMENT OF HOMELAND SECURITY, SOCIAL SECURITY ADMINISTRATION, AND DESIGNATED AGENT REGARDING E-VERIFY

anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.

v. DHS-USCIS agrees to issue the Designated Agent a user identification number and password that will be used exclusively to access the confirmation system for the Employer. This user identification number and password will permit the Designated Agent, on behalf of the Employer, to verify information provided by newly hired employees.

vi. DHS-USCIS agrees to safeguard the information provided to DHS-USCIS by the Employer, and to limit access to such information to individuals responsible for the confirmation of alien employment eligibility and for evaluation of E-Verify, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act (INA) and federal criminal laws, and to ensure accurate wage reports to the SSA.

vii. DHS-USCIS agrees to establish a means of automated confirmation that is designed in conjunction with SSA confirmation procedures to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government workdays of the initial inquiry.

viii. DHS-USCIS agrees to establish a means of secondary confirmation, including updating DHS-USCIS records as may be necessary, for employees who contest DHS-USCIS tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS-USCIS, unless it determines that more than 10 days may be necessary. In such cases, DHS-USCIS will provide additional confirmation instructions.

c. EMPLOYER

i. The Employer agrees to obtain the notices, described in paragraph 4.b.iv. above, from the Designated Agent and display them in a prominent place that is clearly visible to prospective employees.

ii. The Employer agrees to provide to the SSA and the DHS-USCIS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

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MEMORANDUM OF UNDERSTANING BETWEEN THE DEPARTMENT OF HOMELAND SECURITY, SOCIAL SECURITY ADMINISTRATION, AND DESIGNATED AGENT REGARDING E-VERIFY

iii. The Employer agrees to obtain the E-Verify Manual from the Designated Agent and become familiar with such manual.

iv. The Employer agrees to comply with established Form I-9 procedures, with one exception: When an employee presents a "List B" identity document, the Employer agrees that it will only accept "List B" documents that contain a photograph. List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.

v. The Employer agrees to initiate E-Verify procedures within 3 Employer business days after each employee has been hired, but after both sections 1 and 2 of the Form I-9 have been completed, and to complete as many steps of the E-Verify process as are necessary according to the E-Verify Manual. The Employer agrees not to initiate confirmation procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer, through the Designated Agent, will use the SSA verification procedures first, and will use DHS-USCIS confirmation procedures only as directed by the SSA confirmation response.

vi. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, support for any unlawful employment practice, or any other use not authorized by this MOU. The Employer will not verify selectively; it agrees to use E-Verify procedures for all new hires as long as this MOU is in effect. The Employer agrees not to use E-Verify procedures for reverification, or for employees hired before the date this MOU is in effect. The Employer understands that should the Employer use E-Verify procedures for any purpose other than as authorized by this MOU and by law, the Employer may be subject to appropriate legal action and the immediate termination of its access to SSA and DHS-USCIS information pursuant to this MOU.

vii. The Employer agrees not to take any adverse action against an employee based upon the employee's employment eligibility status while SSA or DHS-USCIS is completing the confirmation process set forth in paragraphs 4.a.iv., 4.a.v., 4.b.vii., and 4.b.viii. above unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS-USCIS automated confirmation to verify work authorization, or a tentative

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nonconfirmation, does not mean and should not be interpreted as an indication that the employee is not work authorized.

viii. The Employer agrees to comply with section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include discharging or refusing to hire eligible employees because of their foreign appearance or language, and that any violation of the unfair immigration-related employment practices provisions of the INA could subject the Employer to civil penalties pursuant to section 274B of the INA and the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact the Office of the Special Counsel for Immigration-Related Unfair Employment Practices, Civil Rights Division, U.S. Department of Justice at 1-800-255-7688 or 1-800-237-2515 (TDD).

ix. The Employer agrees to record the case verification number on the employee's Form I-9 or to attach a printout of the screen containing the case verification number to the employee's Form I-9.

x. The Employer will refer individuals to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will resubmit the Social Security Number to SSA for confirmation again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

xi. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a referral letter and instruct the employee to visit an SSA office to resolve the discrepancy within 8 Federal Government work days. The Employer, through the Designated Agent, will make a second inquiry to the SSA database using E-Verify procedures within 10 Federal Government workdays after the date of the referral in order to obtain confirmation, or final nonconfirmation.

xii. The Employer agrees that it will use the information it receives from the SSA or DHS-USCIS through its Designated Agent pursuant to E-Verify and this MOU only to confirm the employment eligibility of newly-hired employees after

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MEMORANDUM OF UNDERSTANING BETWEEN THE DEPARTMENT OF HOMELAND SECURITY, SOCIAL SECURITY ADMINISTRATION, AND DESIGNATED AGENT REGARDING E-VERIFY

completion of the Form I-9. The Employer agrees that it will safeguard this information, and means of access to it, such as User ID and passwords, to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who need it to perform the Employer's responsibilities under this MOU.

xiii. The Employer acknowledges that the information which it receives from SSA through its Designated Agent is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to civil or criminal penalties.

xiv. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA other than the Social Security Number Card.

xv. The Employer agrees to refer individuals to the DHS only when the response received from the DHS automated confirmation process indicates a tentative nonconfirmation, and the employee contests the tentative nonconfirmation. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

xvi. If the Employer receives a tentative nonconfirmation from the DHS-USCIS, the Employer will record the case verification number and date on the Form I-9 or print the screen showing the case verification number and attach the printout to the Form I-9, determine whether the employee contests the tentative nonconfirmation, and instruct an employee who contests to contact the DHS-USCIS to resolve the discrepancy within 8 Federal Government work days, using E-Verify procedures. The DHS-USCIS will electronically transmit the result of the referral to the Employer within 10 Federal Government workdays of the referral.

xvii. The Employer agrees to allow DHS and SSA, or their authorized agents or designees, to make periodic visits to the Employer for the purpose of reviewing E-Verify-related records, i.e., Forms I-9, SSA and DHS confirmation records, which were created during the Employer's participation in E-Verify. In addition, for the purpose of evaluating E-Verify, the Employer agrees to allow DHS and SSA or their authorized agents or designees, to interview the Employer, employees

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handling the program, and employees hired during participation in E-Verify concerning their experience with the pilot, and to make employment and E-Verify -related records available to DHS and the SSA, or their designated agents or designees.

d. DESIGNATED AGENT

i. The Designated Agent agrees to provide to the SSA and the DHS-USCIS the names, titles, addresses, and telephone numbers of the Designated Agent representatives who will be accessing information through E-Verify.

ii. The Designated Agent agrees to become familiar with and comply with the E-Verify Manual and provide a copy of the manual to the Employer so that the Employer can become familiar with and comply with E-Verify policy and procedures.

iii. The Designated Agent agrees that all Designated Agent Representatives performing employment verification queries will complete the E-Verify Web-Based Tutorial.

iv. The Designated Agent agrees to obtain the necessary equipment to utilize E-Verify.

v. The Designated Agent agrees to provide the Employer with the notices described in paragraph 4.b.iv. above.

vi. The Designated Agent agrees to initiate E-Verify procedures on behalf of the Employer in accordance with the E-Verify Manual and E-Verify Web-Based Tutorial. The Designated Agent will query the automated system using information provided by the Employer and will immediately communicate the response back to the Employer. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Designated Agent's attempting, in good faith, to make inquiries on behalf of the Employer during the period of unavailability. In all cases, the Designated Agent will use the SSA confirmation procedures first, and will use DHS-USCIS confirmation procedures only as directed by the SSA confirmation response.

vii. The Designated Agent agrees to allow DHS and SSA, or their authorized agents or designees, to make periodic visits to the Designated Agent for the purpose of reviewing E-Verify-related records, i.e., Forms I-9, and DHS

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confirmation records, which were created during the Designated Agent's participation in E-Verify. In addition, for the purpose of evaluating E-Verify, the Designated Agent agrees to allow DHS and SSA or their authorized agents or designees, to interview the Designated Agent and employees handling the program concerning their experience with the pilot, and to make E-Verify -related records available to DHS and the SSA, or their designated agents or designees.

5. POINT OF CONTACT:

You may call E-Verify toll free at 1-888-464-4218, or write to:

U.S. Citizenship and Immigration Services
Verification Division
470 L'Enfant Plaza, SW
Washington, DC 20024

6. OTHER PROVISIONS.

a. Nothing in this agreement shall be construed to supersede, conflict, or modify the employer's responsibilities under section 274A of the INA not to employ unauthorized aliens or to hire individuals without verifying identity and employment eligibility on Form I-9.

b. Nothing in this Agreement is intended to conflict with current law or regulation or the directives of the DHS-USCIS or SSA. If a term of this agreement is inconsistent with such authority, then that term shall be invalid, but the remaining terms and conditions of this agreement shall remain in full force and effect.

c. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability there from, including, but not limited to, any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

d. Each party understands that some or all SSA and DHS-USCIS responsibilities under this MOU may be performed by contractor(s).

e. Each party understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law

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MEMORANDUM OF UNDERSTANING BETWEEN THE *DEPARTMENT OF HOMELAND SECURITY, SOCIAL SECURITY* ADMINISTRATION, AND DESIGNATED AGENT REGARDING E-VERIFY

and USCIS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, and responses to inquiries under the Freedom of Information Act (FOIA).

7. EFFECTIVE DATE. The terms of this agreement will become effective upon the signature of all parties, and shall continue in effect for as long as the SSA and the DHS-USCIS administer E-Verify.

8. MODIFICATION. This agreement may be modified upon the mutual written consent of all parties.

9. TERMINATION. This agreement, as modified with the consent of all parties, may be terminated by any party upon 30 days prior written notice to the others. Termination by any party shall terminate the MOU as to all parties. The SSA or the DHS-USCIS may terminate this MOU without prior notice if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or the DHS-USCIS that there has been a breach of system integrity or security by your client, or **Wackenhut National Research Center** (Designated Agent) or a failure on the part of your client or **Wackenhut National Research Center** (Designated Agent) to comply with established procedures or legal requirements.

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MEMORANDUM OF UNDERSTANING BETWEEN THE DEPARTMENT OF HOMELAND SECURITY, SOCIAL SECURITY ADMINISTRATION, AND DESIGNATED AGENT REGARDING E-VERIFY

The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Designated Agent and the DHS-USCIS respectively.

If you have any questions, contact E-Verify at 888-464-4218.

APPROVED BY:

Designated Agent Wackenhut National Research Center

Joshua Woolley	
Name (Please type or print)	Title
Electronically Signed	**11/20/2007**
Signature	Date

Department of Homeland Security- Verification Division

USCIS Verification Division	
Name (Please type or print)	Title
Electronically Signed	**11/20/2007**
Signature	Date

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MEMORANDUM OF UNDERSTANING BETWEEN THE DEPARTMENT OF HOMELAND SECURITY, SOCIAL SECURITY ADMINISTRATION, AND DESIGNATED AGENT REGARDING E-VERIFY

INFORMATION REQUIRED FOR THE E-VERIFY DESIGNATED AGENT PROGRAM

Information relating to your Company:

Company Name:	**Wackenhut National Research Center**
Company Facility Address:	**4200 Wackenhut Dr** **Palm Beach Gardens, FL 33410**
Company Alternate Address:	
County or Parish:	**PALM BEACH**
Employer Identification Number:	**590857245**
North American Industry Classification Systems Code:	**561**
Parent Company:	**The Wackenhut Corporation**
Number of Employees:	**20 to 99** Number of Sites Verified for: **1**

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State.

- FLORIDA 1 site(s)

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name:	**Stacie Settle**		
Telephone Number:	**(800) 275 - 8318 ext. 3251**	Fax Number:	**(800) 275 - 8319**
E-mail Address:	**ssettle@wackenhut.g4s.com**		
Name:	**Elizabeth Lind**		
Telephone Number:	**(800) 929 - 6270 ext. 4501**	Fax Number	**(800) 275 - 8319**
E-mail Address:	**elind@wackenhut.g4s.com**		
Name:	**Joshua Woolley**		
Telephone Number:	**(800) 275 - 8310 ext. 3255**	Fax Number	**(800) 275 - 8319**

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Revised: July 18, 2007

Company ID Number: 68952

MEMORANDUM OF UNDERSTANING BETWEEN THE DEPARTMENT OF HOMELAND SECURITY, SOCIAL SECURITY ADMINISTRATION, AND DESIGNATED AGENT REGARDING E-VERIFY

E-mail Address:	**jwoolley@wackenhut.g4s.com**		
Name:	**Art Jasklewicz**		
Telephone Number:	**(800) 275 - 8318 ext. 6448**	Fax Number:	**(800) 275 - 8319**
E-mail Address:	**ajasklewicz@wackenhut.g4s.com**		

Certificate Of Good Standing

STATE OF MISSOURI

Jason Kander
Secretary of State

CORPORATION DIVISION

CERTIFICATE OF GOOD STANDING

I, JASON KANDER, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

G4S YOUTH SERVICES, LLC

using in Missouri the name

G4S YOUTH SERVICES, LLC
FL1200255

a VIRGINIA entity was created under the laws of this State on the 27th day of January, 2012, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 5th day of March, 2014

Secretary of State

Certification Number: 15946050-1 Reference:
Verify this certificate online at https://www.sos.mo.gov/businessentity/soskb/verify.asp

Certificate of Insurance

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 03/06/2014

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	CONTACT NAME:	
Aon Risk Services, Inc of Florida 1001 Brickell Bay Drive Suite 1100 Miami FL 33131 USA	PHONE (A/C, No, Ext): (866) 283-7122	FAX (A/C, No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	National Union Fire Ins Co of Pittsburgh	19445
INSURER B:	New Hampshire Ins Co	23841
INSURER C:	Illinois National Insurance Co	23817
INSURER D:	First Specialty Insurance Corp	34916
INSURER E:		
INSURER F:		

INSURED
G4S Youth Services, LLC
2000 Riveredge Parkway, Suite GL 100
Atlanta GA 30328 USA

COVERAGES **CERTIFICATE NUMBER:** 570053059574 **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. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
D	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [ ] PRO-JECT [X] LOC OTHER:			IRG200154000	10/01/2013	10/01/2014	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$3,000,000 $50,000 Excluded $3,000,000 $3,000,000 $3,000,000
A	AUTOMOBILE LIABILITY			CA 640-39-36 AOS	10/01/2013	10/01/2014	COMBINED SINGLE LIMIT (Ea accident)	$5,000,000
A	X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS X Comp Ded 0.00 X Collision Ded 0.00			CA 640-39-38 VA	10/01/2013	10/01/2014	BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED RETENTION						EACH OCCURRENCE AGGREGATE	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N N/A If yes, describe under DESCRIPTION OF OPERATIONS below			WC015630735 AOS	10/01/2013	10/01/2014	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT	$1,000,000
C				WC015630737 FL	10/01/2013	10/01/2014	E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	$1,000,000 $1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
State of Missouri is included as Additional Insured in accordance with the policy provisions of the General Liability policy.

CERTIFICATE HOLDER

State of Missouri
Office of Administration
301 West High Street
Jefferson City MO 65101 USA

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

Aon Risk Services Inc of Florida

Holder Identifier :

Certificate No : 570053059574

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ACORD 25 (2014/01) The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: 570000032623
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY: Aon Risk Services, Inc of Florida	NAMED INSURED: G4S Youth Services, LLC
POLICY NUMBER: See Certificate Number: 570053059574	
CARRIER: See Certificate Number: 570053059574 / NAIC CODE:	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
A		N/A		WC015630736 CA	10/01/2013	10/01/2014		
B		N/A		WC015630742 MN	10/01/2013	10/01/2014		
B		N/A		WC015630739 IL, KY, NC, NH, UT, VT	10/01/2013	10/01/2014		
B		N/A		WC015630738 AZ, GA, VA	10/01/2013	10/01/2014		
B		N/A		WC015630743 NJ, PA	10/01/2013	10/01/2014		
B		N/A		WC015630740 MA, WI	10/01/2013	10/01/2014		
B		N/A		WC015630741 ME	10/01/2013	10/01/2014		

ACORD 101 (2008/01)

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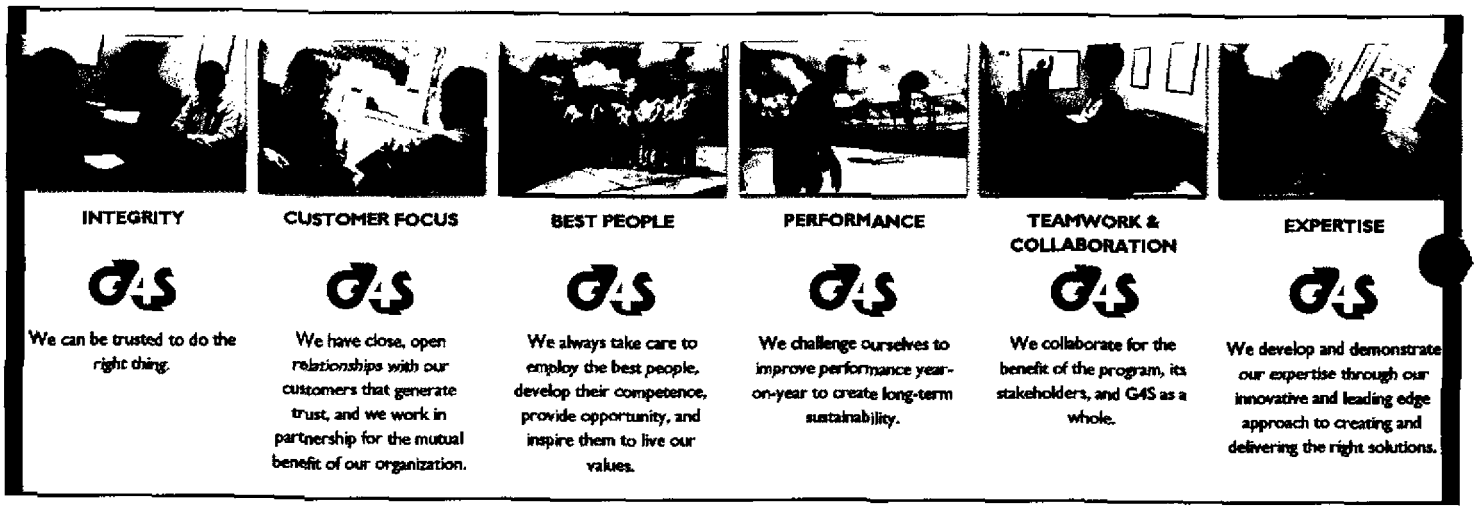

INTEGRITY

We can be trusted to do the right thing.

CUSTOMER FOCUS

We have close, open relationships with our customers that generate trust, and we work in partnership for the mutual benefit of our organization.

BEST PEOPLE

We always take care to employ the best people, develop their competence, provide opportunity, and inspire them to live our values.

PERFORMANCE

We challenge ourselves to improve performance year-on-year to create long-term sustainability.

TEAMWORK & COLLABORATION

We collaborate for the benefit of the program, its stakeholders, and G4S as a whole.

EXPERTISE

We develop and demonstrate our expertise through our innovative and leading edge approach to creating and delivering the right solutions.

G4S Youth Services, LLC
6302 Benjamin Road, Suite 400
Tampa, FL 33634
Phone: 813 514 6275 Fax: 813 514 6723
www.g4s.com/youth-services

FedEx Express

From: (813) 514-6275
Alexis Graham
G4S Tampa Office
5302 Benjamin Road
Suite 400
Tampa, FL 33634

Origin ID: TPFA

Ship Date: 03OCT14
Act/Wgt: 2.0 LB
CAD: 100648545/INET3550

Delivery Address Bar Code

SHIP TO: (573) 751-1692
Roy Burgess
Missouri DPMM
301 West High Street
Room 360
JEFFERSON CITY, MO 65101

BILL SENDER

Ref # RFP BSZ15047
Invoice #
PO #
Dept #

TRK# 7713 7168 0669
0201

MON - 06 OCT 10:30A
PRIORITY OVERNIGHT
DSR
65101
MO-US
STL

XX JEFA

RCVD OCT 6'14 AM 9:34 0A-DPMM

522310F54BAC9

Small Box

EXHIBIT D, continued

AFFIDAVIT OF WORK AUTHORIZATION:

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

Comes now James C. Hill, Jr. (Name of Business Entity Authorized Representative) as President (Position/Title) first being duly sworn on my oath, affirm G4S Youth Services (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 G4S Youth Services, LLC (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)

James C. Hill, Jr.
Authorized Representative's Signature

James C. Hill, Jr.
Printed Name

President
Title

10/10/14
Date

jim.hill@us.g4s.com
E-Mail Address

68952
E-Verify Company ID Number

Subscribed and sworn to before me this 10th (DAY) of October (MONTH, YEAR) I am commissioned as a notary public within the County of Hillsborough (NAME OF COUNTY), State of Florida (NAME OF STATE), and my commission expires on 10/9/15 (DATE).

Signature of Notary

10/10/14
Date

Dana Maranzana
COMMISSION #EE136812
EXPIRES: OCT. 09, 2015
www.AARONNOTARY.com

Ortmeyer, Laura

From: Alexis Graham [Alexis.Graham@us.g4s.com]
Sent: Monday, January 05, 2015 8:27 AM
To: Ortmeyer, Laura
Cc: Peter Plant
Subject: RE: RFP B3Z15047

Laura,

Wackenhut (now G4S Secure Solutions) is our parent company and therefore we are covered under the E-Verify MOU. Thank you.

Alexis Graham
Business Development and Communications Specialist
G4S Youth Services LLC
6302 Benjamin Road, Suite 400
Tampa, FL 33634
alexis.graham@us.g4s.com

813.514.6275 ext. 231 office
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From: Ortmeyer, Laura [mailto:Laura.Ortmeyer@oa.mo.gov]
Sent: Monday, January 05, 2015 9:19 AM
To: Alexis Graham
Subject: RE: RFP B3Z15047

Thank you for the documentation. However, the E-Verify MOU documentation is for Wackenhut National Research Center, rather than G4S Youth Services. Please explain.
Gus

From: Alexis Graham [mailto:Alexis.Graham@us.g4s.com]
Sent: Monday, January 05, 2015 8:02 AM
To: Ortmeyer, Laura
Cc: Peter Plant
Subject: RFP B3Z15047

Good morning,

Attached are the requested documents for RFP B3Z15047 from G4S Youth Services. Thank you.

Alexis Graham
Business Development and Communications Specialist
G4S Youth Services LLC
6302 Benjamin Road, Suite 400
Tampa, FL 33634
alexis.graham@us.g4s.com

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EXHIBIT D, continued

AFFIDAVIT OF WORK AUTHORIZATION:

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

Comes now James C. Hill, Jr. (Name of Business Entity Authorized Representative) as President (Position/Title) first being duly sworn on my oath, affirm G4S Youth Services (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 G4S Youth Services, LLC (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)

Authorized Representative's Signature	James C. Hill, Jr. Printed Name
President Title	10/10/14 Date
jim.hill@us.g4s.com E-Mail Address	68952 E-Verify Company ID Number

Subscribed and sworn to before me this 10th (DAY) of October (MONTH, YEAR) I am commissioned as a notary public within the County of Hillsborough (NAME OF COUNTY), State of Florida (NAME OF STATE), and my commission expires on 10/9/15 (DATE).

Signature of Notary — *Date* 10/10/14

Dana Maranzana
COMMISSION # EE 136812
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